

HAS "RÉGLEMENTATION" (THE C.D. ACTS) PROVED TO BE A SANITARY BENEFIT TO THE EUROPEAN OR INDIAN ARMIES, SO AS TO CALL FOR ITS MAINTENANCE OR ITS RE-ENACTMENT?

HAS THE ABOLITION OF THE SYSTEM BEEN FOLLOWED BY INJURY AND NOT RATHER BY BENEFIT TO THE TROOPS PREVIOUSLY UNDER ITS INFLUENCE?

An Address

DELIVERED BEFORE THE INTERNATIONAL FEDERATION FOR THE
ABOLITION OF STATE REGULATION OF PROSTITUTION,
SEPTEMBER, 1896, AT BERNE, SUISSE.

BY

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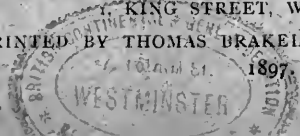
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ABSTRACT

OF THE FOLLOWING ADDRESS ON THE SANITARY RESULTS OF THE CONTAGIOUS DISEASES ACTS, WHICH WILL GIVE THE READER ITS GENERAL RESULT IN THE SMALLEST POSSIBLE COMPASS.

BRITISH ARMY.—HOME, pp. 6-8, 18-19.—Venereal Diseases *fell largely* for 6 years *previous* to the Acts.

They *rose slightly* during the 16 years of the Acts.

They have *fallen largely* during the subsequent 11 years without Acts.

INDIA, pp. 12-13, 19, 27-28.—These diseases *fell largely* for 7 years *previous* to Acts.

They *fluctuated slightly* for the first 9 years of the Acts, being substantially the same at the end (190 per 1000) as at the beginning (185 per 1000).

They *rose largely*, especially during the last 6 years of the Acts. They trebled in amount between 1873 and 1890.

They have *scarcely risen at all* (1.25 per 1000 yearly) during the 4 years of abolished Acts.

CROWN COLONIES, pp. 13-17.—In nearly all cases these diseases *rose* while the Acts were in operation, and *fell* after their abolition.

FRANCE, pp. 3-6.—Acts in force throughout for about 100 years, therefore no means of comparing garrisons with Acts with garrisons without them.

Pp. 21-22.—French tables, showing that they have had no appreciable influence upon the amount of disease in the French Army.

HOLLAND, pp. 8-10, 20.—Acts in force for about 60 years. No evidence that shows conclusively that they have done either good or harm in Holland; but apparently, upon the whole, harm rather than good has resulted.

BELGIUM, pp. 20-21.—Acts in force throughout for about 40 years. Sanitary results in different garrisons, differ largely. Upon the whole period a slight fall in the amount of disease.

DENMARK, p. 10-11.—Acts in force in Army and Navy about 20 years. Large *increase* of disease in both, especially in the Navy. Acts abolished or never in force in some towns. *Fall* in disease in these places since abolition.

SANITARY INFLUENCE OF THE C.D. ACTS UPON SECONDARY OR CONSTITUTIONAL DISEASE.

BRITISH HOME ARMY, p. 23.—Considerable *rise* during the Acts. The rate of increase *reduced* since their abolition.

INDIA, pp. 24-25.—*Increased* amount during the Acts; rate of increase *reduced* since their abolition.

CROWN COLONIES, pp. 23-26.—Generally speaking, *increase* during Acts, and *decrease* since their abolition; but considerable fluctuation, and less regularity of either increase or decrease than in the primary forms of Venereal Disease.

DENMARK, p. 26.—Considerable *increase* under the Acts.

SANITARY INFLUENCE OF THE C.D. ACTS UPON THE REGISTERED PROSTITUTES, p. 28.

Great *increase* of disease during the Acts. Registration discontinued, and therefore no means of judging as to the result of their abolition.

SANITARY RESULTS OF THE ABOLITION OF THE C.D. ACTS UPON THE BRITISH CIVIL POPULATION, pp. 32-35.

DEATHS.

ENGLAND AS A WHOLE.—Deaths from Syphilis at all ages *rose* considerably during the Acts; *reduced* considerably since their abolition. Deaths from Hereditary Syphilis largely *reduced*.

LONDON.—Deaths from Syphilis at all ages *rose* during the Acts; *reduced* since their abolition. Deaths from Hereditary Syphilis considerably *reduced*.

DISEASES SINCE REPEAL OF THE ACTS, AS DISTINGUISHED FROM DEATHS.

ENGLAND AS A WHOLE.—Adult young men, Army recruits, Venereal Diseases of all kinds largely *reduced*. Hereditary Syphilis, among 180,000 children in Children's Infirmarys, disease largely *reduced*.

OBJECT of the following ADDRESS.

1st.—Has “RÉGLEMENTATION” (the C.D. Acts) proved to be a Sanitary Benefit to the European or Indian Armies, so as to call for its maintenance or its re-enactment?

2nd.—Has the ABOLITION of the System been followed by Injury and not rather by Benefit to the Troops previously under its influence?

PRELIMINARY PERSONAL EXPLANATION.

TO THE MEMBERS OF THE INTERNATIONAL FEDERATION PRESENT
AT THE CONGRESS.

Before entering upon the strictly statistical aspect of the subject, I must ask your indulgence for premising a few remarks, which may appear to be of a personal rather than an argumentative character. For some time after the controversy relating to the Contagious Diseases Acts became active, I declined to take any part against the then recently inaugurated system; partly because it was an unpleasant subject, in which I was not personally interested, but, mainly, because the system was so loudly and persistently advocated as a highly valuable sanitary measure by two or three London medical men of such eminence, that they practically led the medical profession of the country, and myself among them, at their chariot wheels.

It was, however, urged upon me by counsel—which I felt it would be wrong to disregard—that it was my duty as a lecturer on Hygiene in one of the largest provincial medical schools in England, to make myself acquainted with the subject, so as to be qualified to give a well-founded opinion to the students under my tuition. I therefore resorted to the highest and most authentic source of information available, viz.: the evidence given before the Royal Commission in 1870, and I became convinced from it of the essential immorality of the system, and of the inducement to sexual immorality that it offered

to men generally, but to young men especially, by its avowed object as stated by the Royal Commission, "to render the practice of prostitution, if not absolutely innocuous, at least much less dangerous." (*Roy. Com. Rep., sec. 13.*) The tyranny to which the system subjected women, and the almost incredible absence of common justice towards them which the provisions of the Acts organised; the debasing influence produced upon the character of the women by the infliction of the indignities to which they were subjected by it, thus destroying what might have been previously left of good in them, and the whole machinery of the Acts, converted me from being simply a passive observer into an active opponent of the new legislation.

This change of attitude was, however, accompanied by a strong anticipation (arising from the previous medical laudations of the system in high quarters) that its opponents would have to fight a difficult uphill battle in consequence of the alleged sanitary benefit produced by it. I therefore undertook a careful examination of every Army and Navy Report that had been published by the War Office and the Admiralty, beginning from many years previous to the Acts being passed, and continued to the latest publication; the Police Reports, relating to the health and behaviour of the registered prostitutes, which were published annually by the House of Commons; and every other published official document I could hear of. The result of this wide examination of purely official publications was the startling discovery that so far from the system having proved to be a sanitary success, it had resulted in a diminution rather than an increase of improvement in the army, in a large increase of disease in the navy, and in the absence of any benefit either to the health or character of the prostitutes. Much of the improvement of health in the services, for which credit had been claimed for the Acts, proved to have taken place *before they were in existence*, and the final result of this anxious research was the settled conviction of the essential immorality and the injurious social character of the system, and the confirmation afforded by the official statistics to the truth of the ethical proposition: *that a system inherently immoral and unjust does not, and cannot, produce sanitary benefit either to the individual or the community.*

The obstacle arising from the alleged sanitary benefit from the Acts being thus removed by their own governmental figures, my course was thenceforth clear, and I will now endeavour to lay the results before you.

ADDRESS

On the Sanitary Benefits said to have resulted from “Réglementation” * (the Contagious Diseases Acts—C.D.A.) in the Prevention or Diminution of Venereal Diseases in the Armies and Navies, and also in the Civil Population of European Nations, and on the Sanitary Evil alleged to have resulted from the Absence or Abolition of such Réglementation (C.D.A.)

CONTRARY PROPOSITIONS MAINTAINED IN THE FOLLOWING ADDRESS.

1st.—“Réglementation” has failed to prove that it has either prevented or diminished Venereal Diseases in general or Syphilis in particular in the various European communities in which it has been applied. It has also failed to prove that the small amount or even a reduction in the amount of these diseases, when they may have occurred, has been due to its influence, and not rather to the operation of other more important causes acting at the same time along with it.

2nd.—The Abolition of réglementation, where it had been in operation, so far from producing sanitary injury, has been followed by a marked *diminution* of these diseases in some countries—notably in England and some of her dependencies. It has also been followed in other places by a *reduction of the rate of increase* that had been taking place for years previously, while they were under the operation of the system.

In considering upon what subject an address from the chair might be most in accordance with the present position of our controversy and the province of your President, it has appeared to me that a reply to the Address lately delivered and so widely diffused by Dr. Commenge,† comparing the amount of Venereal Disease in the French and Russian Armies with that in the British Army, would fall in most naturally with your President’s previous Statistical Researches, and would be the most appropriate that he could select when addressing an audience consisting of members of many nationalities; some of which Dr. Commenge has invoked as allies, but others of which he has left unnoticed, though we shall see that they will be most important witnesses, although not in his favour. I have therefore selected his Address in favour of réglementation as the basis of my own, which will be in direct opposition to his in almost every particular.

FUNDAMENTAL PROPOSITION IN DR. COMMENGE’S ADDRESS.

The fundamental point of his Address, and that upon which the whole of it turns, is the assertion that the amount of Venereal Diseases in the French and Russian Armies is approximately about a fourth ‡ of

* This is the term generally employed on the Continent of Europe to indicate the systems in force for regulating Prostitution. It corresponds essentially with the English Contagious Diseases Acts.

† “Les Maladies Vénériennes dans les Armées Anglaise, Française, et Russe.” Paris : 120, Boulevard Saint Germain, 1895.

‡ Commenge’s Tables, pp. 23, 26, 28 and 31.

that in the British Home Army ;—that *réglementation* is in operation throughout both the French and Russian Armies, but has been abolished in that of England ;—and that the presence or absence of that influence is the cause, and in reality the *only* cause of the difference in the proportion of disease between these armies.* I give the statement as it is made by Dr. Commenge, but I have no official means by which I can verify or contradict it.

REPLY.

The alleged difference in the amount of disease in the French and British Armies is not here called in question, and it may be conceded for the sake of argument—for it does not affect my main proposition—“that the difference is not due to the presence or absence of *réglementation*, but to other causes.” Dr. Commenge’s deduction from it that the difference is wholly due to the absence or presence of *réglementation* is absolutely denied on the following grounds, viz. :—

That there is no resemblance whatever between the conditions and general surroundings of the two armies to furnish a common basis upon which they can be compared ; for

The British Army is kept up purely by voluntary enrolment from a portion only of the population, and that consisting largely of the lower, less educated and less cultured or successful stratum of the community. The British soldiers are also enrolled for a period of 7 years at least, during which time they are removed from all home or refining influences, from the restraints imposed by the public opinion of the more elevated classes, and from the industrial occupations to which they may have been accustomed, so that they are reduced to comparative and compulsory idleness. They are also deprived of nearly all opportunity of marriage at a period of life when the animal functions are in their most overpowering activity. Of all these unfavourable surroundings immorality and intemperance are natural results, and disease is the consequence.

The French Army, on the contrary, is kept up by compulsory service, every member of the community—high or low, educated or uneducated, rich or poor—being obliged to serve (though for a limited period only) as soon as he arrives at the age prescribed by law for his period of active service. For this he is taken from his home pursuits, whether industrial or professional, but with the full understanding that he will return to them when his period of service has expired. His relations with home and family ties are not broken for 7 years as they are in the British Army, and the beneficial influence from these, and the admixture in the ranks of the higher and lower classes of society during their active service, cannot fail to exert valuable influence upon the character and conduct of the rank and file of the French Army.

To the above differences must be added the radical difference resulting from national characteristics. The Frenchman is a temperate, light-drinking man, neither possessing nor desiring to possess

* This proposition is not put forward in his Address in the distinct definite terms here employed, but it is impossible to read the Address without recognizing that this is the position that he has taken up throughout.

a large family of children. The Englishman, on the other hand, is a beer drinking, and too often a drunken man, and has, as a rule, a large number of children.

The Frenchman, then—temperate, and with a limited desire for increasing the population—enters the Army under the favourable circumstances already enumerated, and Dr. Commenge extols his comparative freedom from disease. The Englishman also enters the Army, but under the unfavourable conditions above described; and his friends and apologists are unable to deny (though they lament) the amount of disease which is the accompaniment, if not the natural result, of his origin, his constitutional temperament, and of his surroundings.

Having acknowledged and possibly explained the alleged difference in amount of Venereal Disease in the two armies, I will now devote myself to the proof of the first proposition, "That réglementation has failed to prove that it has either prevented Venereal Diseases, or reduced their amount where it has been applied," and I will now add that it has also failed to prove that it has not, in fact, been a positive sanitary evil, by encouraging resort to immoral relations, and thereby promoting the spread of disease.

A fatal defect in Dr. Commenge's tables and arguments in favour of réglementation, is that he has made no attempt to compare bodies of men that *admit of scientific comparison*,* in order to show that the one set under réglementation has had appreciably less disease than another similar set without it.

On the contrary, he has taken the French Army as a whole, which has been under réglementation everywhere for a hundred years more or less, and has compared it with the British Army which, as we have seen, is incapable of a sound comparison from its totally different

* In his Address (p. 12-14) Dr. Commenge has, it is true, made an elaborate comparison between the 14 stations of the British Home Army "selected" to be placed under the C.D. Acts and another set of 14 stations also "selected" to be left without them. But the entire value of the comparison depends upon whether the two sets of stations do really admit of scientific comparison independently altogether of the presence or absence of the Acts. Now,—1st, in this Address; 2nd, in the evidence given before the Select Committee of the House of Commons, 1879-81; 3rd, in the "Statement" of the grounds for objecting to the Acts, prepared by desire of the Home Secretary, Sir R. A. Cross, M.P., and presented to him in 1874 and laid before the Select Committee of the House of Commons in 1879-81; and, lastly, throughout the entire controversy,—the contention has been that the two sets of stations do not admit of comparison, for there is no common ground of comparison between them. To put all the camps, all the arsenals, and all the great seaports into the protected set, and not a camp, seaport or arsenal in the other to compare with them; to put a couple of small cathedral garrison towns under the Acts and London and Dublin without Acts to compare with them; to leave every large manufacturing town without Acts and not to place a single manufacturing town under the Acts for comparison; to put together Aldershot—a camp of 12,000 men—and Maidstone—a little country town with 350 soldiers—as representing the influence of the Acts,—and London and the little Essex village of Warley (so small as not even to have a single medical man in it) as representing the sanitary result of the absence of Acts;—and then to assert that these two groups of stations furnish scientifically comparable combinations for settling the sanitary influence of a keenly-contested agent, is to reduce statistical enquiry to such a burlesque that we can only wonder that men making any pretence to scientific knowledge could commit themselves to the following judgment expressed upon the subject in the Army Report for 1873, p. 13:—"It is believed that the two groups of stations are fairly comparable, and that by a contrast of the results obtained at each since the application of the Acts, their efficacy may be tested." Such at any rate, were the two sets of stations that Dr. Balfour was comparing when he pronounced his encomium upon the Acts in his address to the Belgian Academy of Medicine in 1886 from which Dr. Commenge has so largely quoted. The character of these two sets of stations is, however, more fully discussed in Appendix A. (p. 29)

circumstances. He has not attempted to take Paris, for example, or Lyons, or any other great French garrison, under the system for 20 years and without it for 20 years, and then compare the two periods. His assertion that *réglementation* has had anything whatever to do in producing the low ratio of disease is, therefore, a pure assumption without any attempt at proof.

ENGLAND.

But it so happens that England *has* made the comparison, both at Home and in India, and extending over a period of 36 years; Holland has made the comparison extending over nearly 40 years; Denmark also has made it during a period of above 20 years, and the result of these comparisons we shall find to be totally at variance with the claims asserting that *réglementation* has prevented or reduced Venereal Diseases. I shall take England and India first because they exhibit the greatest number of men, and also because Dr. Commenge has laid such special stress upon (according to him) their exceptionally unfavourable experience resulting from the absence of the system.

In the first of the following diagrams, the amount and course of Venereal Diseases of *all* kinds combined in the *entire Home Army** is given from 1860 to 1894, and in the 2nd diagram, a single form only of disease, viz., "Primary Venereal Sores" is given for the same length of time in 14 stations "selected"† by the army authorities for the "experiment"‡ of the Contagious Diseases Acts (*réglementation*).

During the first six years shown in the diagrams there were no Acts,§ and the combined diseases *fell* from 313 per 1000 men to 225 per 1000 men, an average yearly improvement of 14·7 per 1000 cases. At this date, 1866, the second Contagious Diseases Act was passed, and as disease did not improve under it as its authors had expected, a third Act of a much more stringent character was passed in 1869, and both remained in unobstructed force for 16 years till the end of 1882, by which time Venereal Diseases of *all* kinds combined had

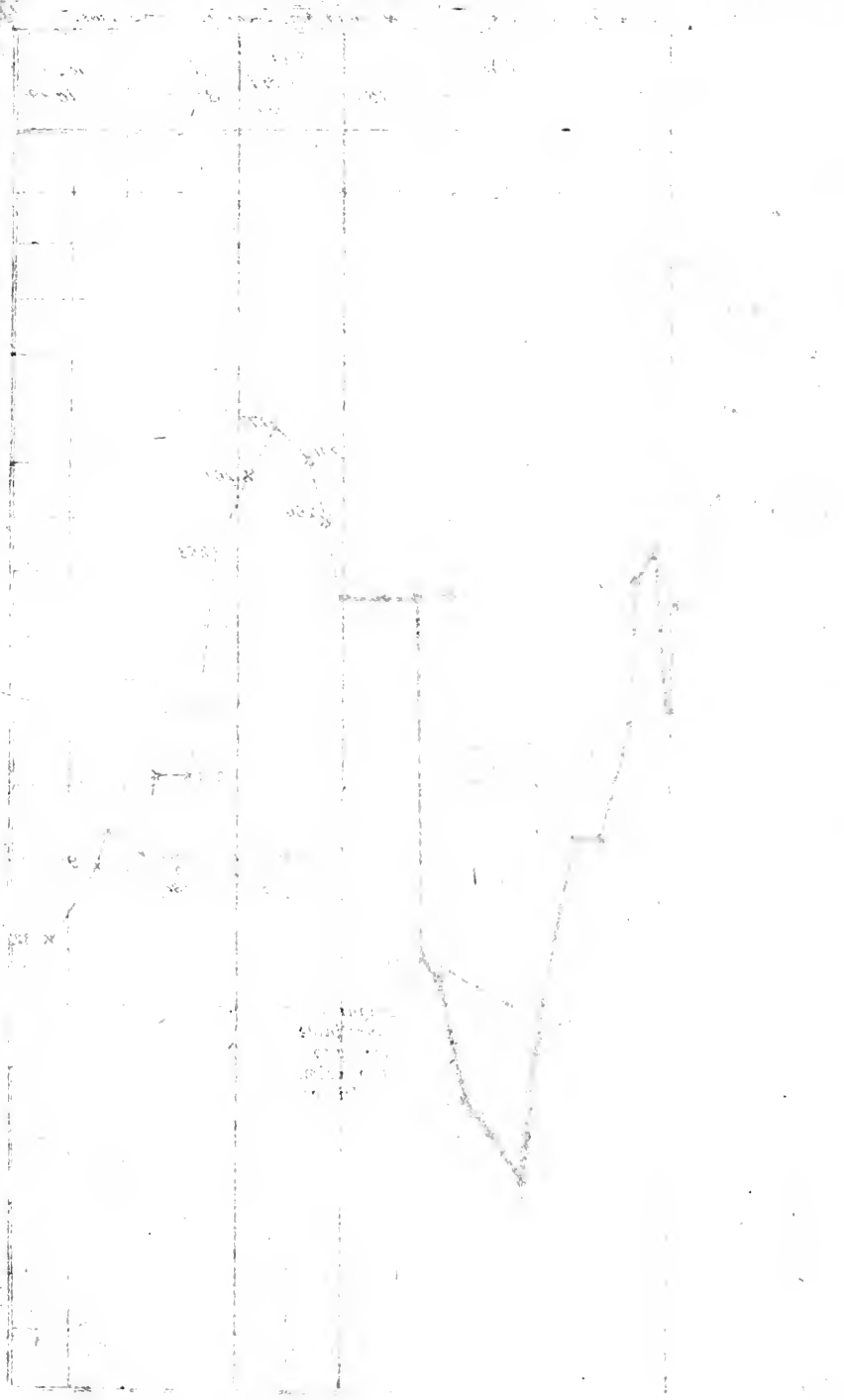
* Dr. Commenge always speaks of it as the "Metropolitan Army." No such title exists in the British Army. The troops in question are those quartered in Great Britain and Ireland.

† See Appendix A, p. 29.

‡ In his evidence before the Select Committee of the House of Commons, 1879-81, Insp.-Gen. Lawson, Inspector-General of the Military Hospitals, informed the Committee that 28 stations had been "selected" out of the 130 stations of the British Home Army for the purpose of trying the "great experiment" of the Contagious Diseases Acts; 14 stations were put under them and 14 were not, and the difference between them was to be taken as the proof of their sanitary value. In making this "selection," all the most healthy and improving stations were placed under the Acts, and the most diseased and unimproving stations were left without them. The statement was then put forward, both in the Army Reports and in his evidence that the "Protected" stations had barely half as much disease as the "unprotected" ones, and that the difference was solely due to the presence or absence of the Acts. The utter unfairness and worthlessness of such a comparison was exposed before the Select Committee (Ques. and Ans. 2854-8 and 2971-5, Evid. 188); but Dr. Commenge would not appear to have seen the Minutes of Evidence when he adduced the difference in favour of the protected stations as being a proof of the sanitary efficacy of the Acts.

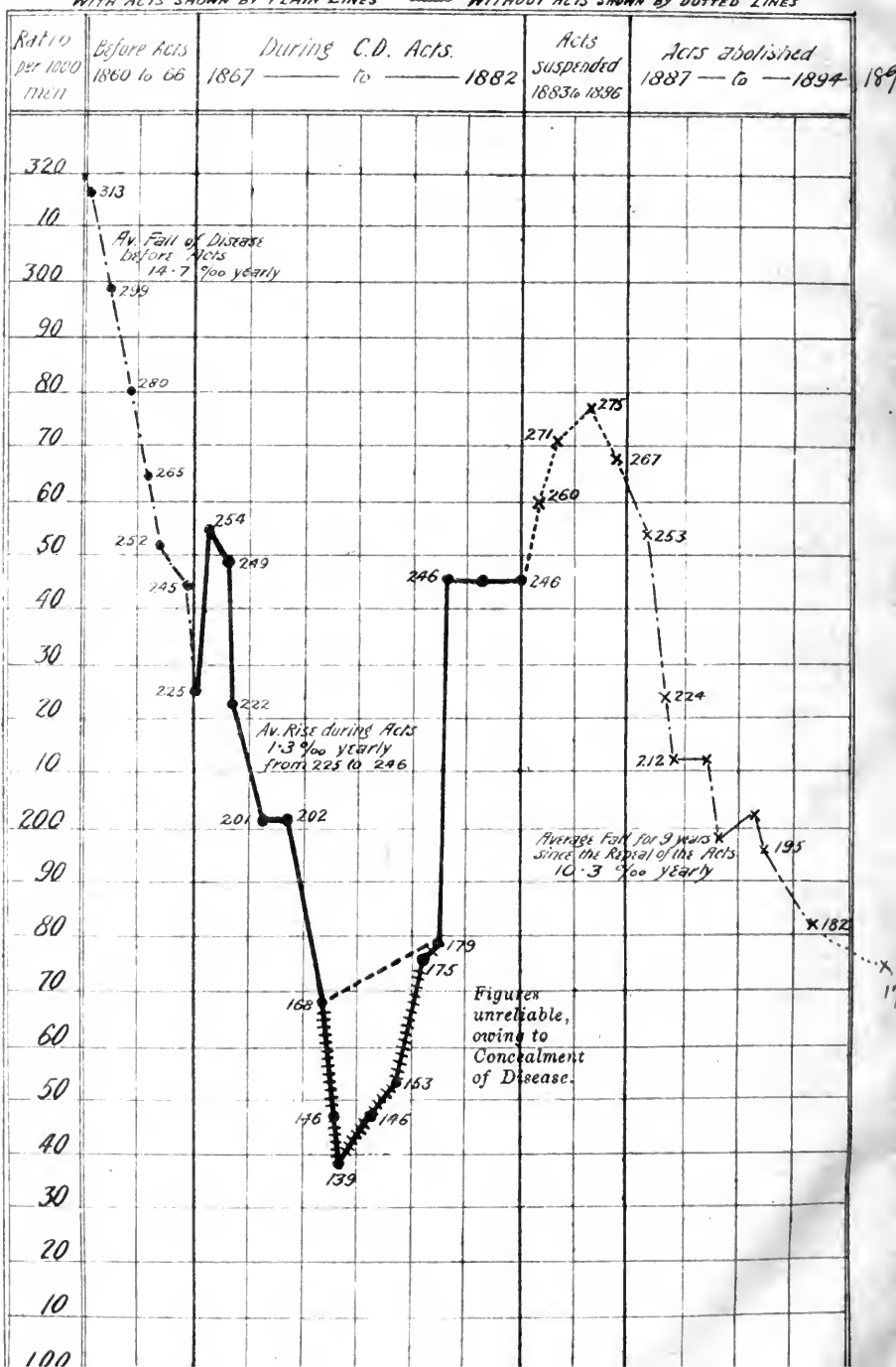
§ An Act was indeed passed in 1864, upon the beneficial effects of which Dr. Commenge lays considerable stress. It was a purely experimental Act passed for two years only, and not then renewed because of its proved worthlessness. It did not enjoin the periodical compulsory examination of women whether well or ill (the "Visite"), and it only enforced examinations when some particular woman had been charged by some particular man with having diseased him. It was in force only one full year (1865), and was only applied even then to 3 of the 120 stations of the British Home Army. Its sanitary result was an increase of disease in these 3 stations, and it came to an end at once.

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE
ON THE PROGRESS OF THE SURVEY OF THE
WHOLE BRITISH HOME ARMY 1860 TO 1894



VENEREAL DISEASES OF ALL KINDS- COMBINED IN THE WHOLE BRITISH HOME ARMY, 1860 TO 1894

WITH ACTS SHOWN BY PLAIN LINES ——— WITHOUT ACTS SHOWN BY DOTTED LINES



risen to 245·5 per 1000, an average yearly rise of 1·3 per 1000 while under the Acts, instead of an average yearly fall of 14·7 per 1000 previous to their existence. In May, 1883, the Acts were *suspended*. Owing to a large importation of disease by the troops returning from Egypt, disease *rose* until October of the next year (1884), in which year it stood at 271 per 1000, and it rose still further to 275·4 per 1000 in 1885. It then began to *fall*, and in the following year, 1886, the Acts were entirely repealed. The latest Government Report as to the amount of disease is that for 1894, and it had then fallen to 182·4 per 1000, an average annual fall for 9 years of 10·3 per 1000 *after the abolition* of the Acts instead of an average yearly rise of 1·3 per 1000 during the 16 years they were in full operation.

It is for Dr. Commenge and the advocates of *réglementation* to reconcile these changes with their laudations of that system.

(See first diagram opposite, which shows the amount and changes in all forms of venereal disease, combined from 1860 to 1894. Mr. Jeffreys* returns only commence with 1870 for the United Kingdom, but the ratios from 1860 to 1870 were obtained from Parliamentary Paper 325, 1885, which contains the whole British Army from 1860.)

At this stage it will be desirable carefully to read Appendix A, p. 29 of this Address—which will answer beforehand some questions that may naturally occur to the reader as to how improvement should have occurred without Acts to produce it. In examining the Diagrams I. and II., it is also necessary to bear in mind that the first dotted line in both diagrams represents the fall in disease, which is attributed to Lord Herbert's improvements alone. In the black line that follows, these improvements were continued, and on an INCREASED scale, and the Acts also were now added. The fall in disease continued, but at a REDUCED rate. The then Secretary for War, Lord Cardwell, was so dissatisfied with this reduced improvement that he imposed the loss of pay while in hospital upon every soldier admitted for Primary Disease, and the natural consequence was that the men concealed their disease from the regimental surgeon, and the broken line represents the great APPARENT diminution of disease under the combined threefold influences of Lord Herbert's improvements, the Acts, AND CONCEALMENT OF DISEASE. This fall continued for three years, at the end of which time, from causes never explained by the Army Reports, DISEASE BEGAN TO RISE in spite of them all, and continued to do so at a fluctuating rate until May, 1883, when the Acts were SUSPENDED, the fine for being in hospital having been withdrawn at the end of 1879. After this, the dotted line represents two years of suspended and eight years of repealed Acts (the first portion 1883-4), being years of exceptional increase, owing to the large importation of disease from Egypt during that period. The curves in both diagrams show the large improvements WITHOUT Acts, and the absence of improvement in the second diagram and the actual increase of disease in the first DURING THE SIXTEEN YEARS OF THE APPLICATION OF THE ACTS.

The second diagram exhibits the amount and course of one form only of Venereal Diseases, viz., Primary Venereal Sores, and these only in the 14 stations specially "selected" by the British War Office, to prove the supposed beneficial influence of the Contagious Diseases Acts

* These returns were made by the War Office, in 1894-1896, by order of the House of Commons, on the request of Mr. Jeffreys, M.P. They are continually quoted by Dr. Commenge, and are his principal source of information as to the British Army.

(réglementation). Primary Syphilis was at first recorded along with simple venereal sores, owing to the difficulty of judging at first whether the affection might prove a simple or a constitutional one. And this system of recording them being once introduced, it was continued until the Acts had been repealed. Gonorrhœa also was recorded in these 14 stations, but it soon became apparent that the Acts had produced no beneficial influence upon that form of disease, and weight attached to the records was soon at an end. Secondary Syphilis was never recorded for the individual stations, as the primary disease might be contracted in one station, and the secondary might first appear in another station. It was therefore only recorded for the army as a whole.

In examining the second diagram it will be seen that the disease fell rapidly for 6 years, from 146 per 1000 men to 87 per 1000 men; *before* the Acts were in existence, at an average yearly rate of 6·7 per cent.* The Act was then passed in 1866 and applied at the beginning of 1867, and continued in full operation for 16 years. Disease at first continued to fall, but at a diminished rate (6·3 per cent. instead of 6·7 per cent.), and after some years it began to rise and continued to do so until 1883; its amount at the end of 1882, the 16th year of its operation being 78 per 1000—only less by 9 per 1000 than before they were in force at all. During the 16 years of their operation the annual fall in disease was only 0·56 per 1000, instead of 9·8 per 1000 before they were in existence. In the middle of 1883 the periodical compulsory examinations of the women (the “Visites”), which are the essence of the system, were suspended by the House of Commons, and this was followed immediately by a great rise of disease, which was owing to the return of the troops from Egypt, where they were largely diseased. This influence ceased by the end of 1884, and disease in 1885 began to fall steadily, and has continued to do so from 138 per 1000 in 1884 to 68 per 1000 in 1894, the last year recorded—an average annual fall of 7 per 1000 for 10 years (again *without* Acts), instead of the miserable 0·56 per 1000 during their operation. These changes are shown in this diagram, which is commended to Dr. Commenge’s consideration.

HOLLAND.

Holland has had the experience of the absence of réglementation, and also of its presence in the *same* garrisons, during periods varying from 8 to 30 years; and has also had the experience of 28 garrisons réglemented for many years, and of 9 other garrisons which have never been under the system, but admit in their general character and surroundings of a fair comparison with the réglemented ones. These 9 contain Amsterdam, Grave, Helvoetsluis, Naarden, and others; and the general result is as follows:—

The 28 réglemented garrisons have had an average ratio of 8·5 per 100 men† of Venereal Diseases of all kinds, ranging from 16·67 per 100 in Vlissingen to 1·2 per cent. in Zwolle.

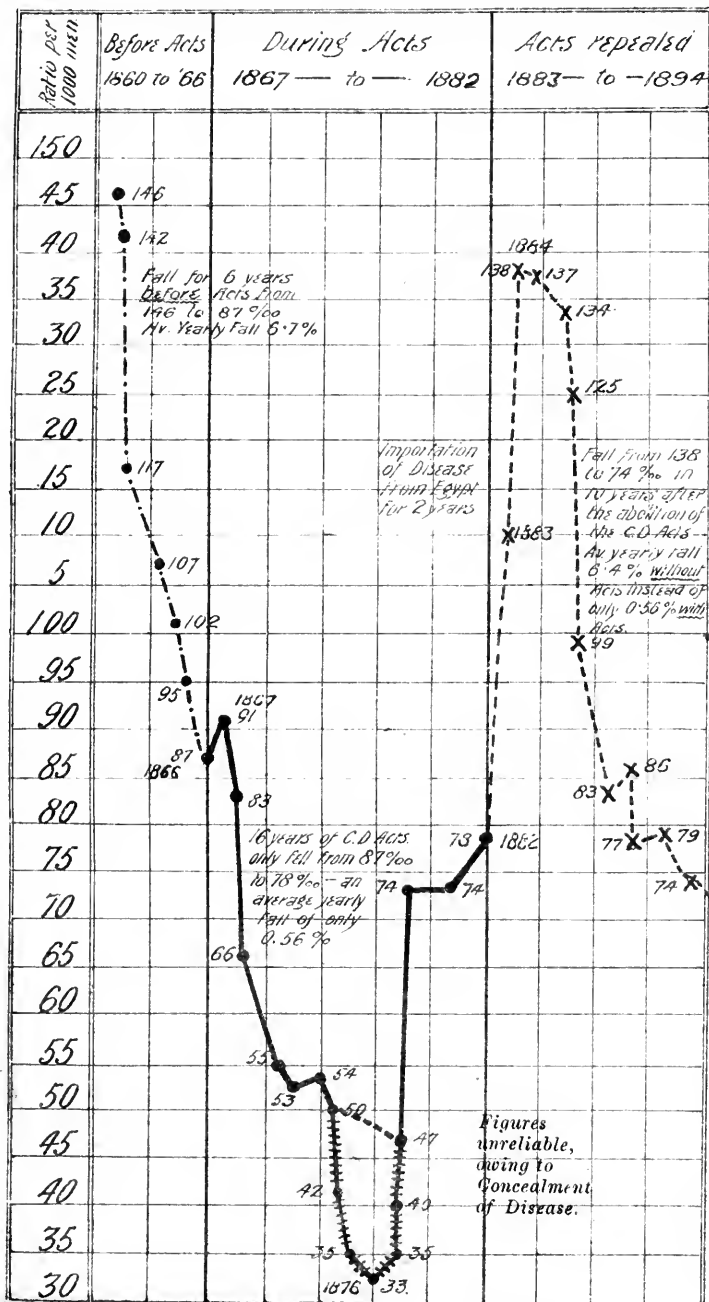
* “Per cent.” of the original large amount of disease in the first period and of the smaller amount remaining in the second period.

† In Holland the ratios of disease are given as per 100 men. In England they are always given as per 1000 men. This difference in the method of describing the ratios occasions a little confusion at first in comparing the two sets of statistics.

A-SINGLE FORM ONLY OF VENEREAL DISEASES - VIZ.
 PRIMARY VENEREAL SORES - AND IN THE 14 STATIONS ONLY
 WHICH WERE "SELECTED" FROM 120 STATIONS IN THE BRITISH
 HOME ARMY TO BE PUT UNDER THE CONTAGIOUS DISEASES ACTS.
 • 1860 TO 1894 •

WITH ACTS SHOWN BY PLAIN LINES

WITHOUT ACTS SHOWN BY DOTTED LINES



How many of the following are true?

The 9 garrisons never réglemented have had an average of only 5·2 per 100 of disease, ranging from 19·8 per 100 in Amsterdam to 2 per 100 in Doesburg—a difference of 3·3 per 100 in favour of the *non-réglemented* garrisons, and certainly not favourable to the claims of réglementation as a sanitary benefit.

Another comparison must be made, viz., that between the results in the *same* garrisons during their régimented and their non-régimented periods, and this comparison can be made in two different manners.

1st—The average ratio before réglemmentation may be compared with an equal number of years after its introduction, and the result is that 20 garrisons *before* réglemmentation had an average ratio of 12 per cent. The same 20 garrisons, for the same length of time *during* réglemmentation, had an average ratio of 10·95 per cent. The ratio of disease was *less* by 1·05 per cent. *during* réglemmentation than in its absence, which is so far in favour of the system, though that improvement in a dozen years or more cannot be called a striking success.

But the last years of the periods *before* réglementation showed, in almost all cases, a smaller ratio of disease than the first years, disease having diminished under the influence of various causes *before* the introduction of that system. And when the period without réglementation in each garrison is divided into 2 equal portions, the average result is that

1st half of the period—average ratio of venereal diseases=13 p 100.

2nd half	"	"	"	=11.3 p 100.
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The average ratio in these garrisons had therefore fallen by 1·7 per cent. *without* réglementation; and when the 2nd half was compared with an equal number of years of the réglemented period which followed, the result was that the last half of the non-réglemented period had an average ratio of 11·3 per 100, while an equal number of the following years of réglementation had an average ratio of 12 per cent. This is higher by 0·7 per 100 than it was previous to the application of the system, and so far shows réglementation to have operated injuriously instead of beneficially to the health of the troops.

It may be said, of course, that the difference was so slight as to be really immaterial. No doubt it was slight; but whether much or little it tells against a system the advocates of which proclaim it to be the only saviour of the Army from Venereal Diseases.

SUMMARY FOR HOLLAND.

To sum up, then.

(1) The garrisons never under réglementation have had less disease than the réglemented ones by 3·3 per 100 men.

(2) The *last half* of the non-réglemented period has had *less* disease than the réglemented period by 0·7 per cent.

(3) But the *entire* non-réglemented period, in the subsequently réglemented stations, has had *more* disease than the réglemented period in the same stations by 1·05 per 100.

A total of 4 per 100 *against* réglementation, and only 1.05 per 100 in favour of it.

The Dutch experience, then, of nearly 40 years, supports the proposition maintained in this address—"that réglemmentation has failed to prove that it has either prevented or diminished Venereal Diseases."

But if it should be objected, by advocates of the system, that this is simply the summing up of an avowed and therefore biassed opponent, we may conclude this section by the following summing up by Professor Mounier, of Utrecht, Doctor of Science, in his exhaustive analysis of the Dutch statistics* :—

"The last result to which the statistical examination has conducted us is to compel us to recognise that this examination is powerless to solve, in any way, the question as to the efficaciousness of réglemmentation. In this last analysis behold the only conclusion that I can give:—The study of the propagation of venereal and syphilitic diseases in the garrisons of the Low Countries from 1850 to 1886 inclusive, made by the aid of a purely statistical method, does not permit me to put forward a conclusion either for or against the réglemmentation of prostitution. Statistical science must then, by virtue of its proper method, declare itself incompetent to decide the differences which have arisen on the subject of this réglemmentation."

DENMARK.

Denmark, like England and Holland, is able to compare réglemmented with non-réglemmented garrisons, so as to judge what may be the proved sanitary benefits there to the first set of garrisons from the operation of the system in that country. The system has also been in operation there long enough to enable a comparison to be made between the early and the later periods of réglemmentation, so as to judge whether the continuance of the system has proved favourable or unfavourable to the health of the troops. The system has also been abolished for many years in six large towns, and the result is shown in the following tables :—

Réglemmentation was not established by law in Denmark until 1874, and the Army and Navy statistics of Venereal Disease only date from that year.

The following table shows the amount of Venereal Disease in the Army and Navy, divided into three periods of six years each :—

VENEREAL DISEASE IN THE ARMY AND NAVY OF DENMARK
during 18 years, 1874-1891, divided into three equal periods,
the ratios being per 1000 of strength.

Stations.	1st Period, 6 years, 1874-1879.	2nd Period, 6 years, 1880-1885.	3rd Period, 6 years, 1886-1891.	Change in the third 6 years.
	Average Ratio per 1000.	Av Ratio per 1000 of strength.	Av. Ratio per 1000 of strength.	
Copenhagen—				Increase of Disease
The Fleet	24.0	53.4	60.1	150 %
The Army	16.1	22.0	20.7	28.6 %

The results from this table for 18 years are that while under réglemmentation disease more than doubled in twelve years in the Navy, and increased by nearly one-third in the Army.

* "Recherches sur la signification de la statistique des Maladies Vénériennes et Syphilitiques dans l'Armée du Royaume des Pays, Bas," par G. H. D. Mounier, Docteur des Sciences. La Haye: W. A. Beschon, 1889, and Bureau du Bulletin Continental, 6, Rue du Saint Léger, Geneva.

Sanitary Result of ABOLITION of Réglementation in Denmark.

The following Table, extending from 1874 to 1893, illustrates the sanitary result of the *abolition* of réglementation in 6 Danish towns in which it had previously been in force. In Viborg it was given up in 1879; in Frederickshavn, in 1882; in Horsens, in 1883; in Aalborg, in 1885; in Elsinore and Aarhus, in 1886. This table relates to the civil population,* not to the Army.

Town.	1st Period. 6 Years, 1874—'79. Reglemen- ted.	2nd Period. 6 Years, 1880—'85. Reglem'd in Elsinore Aarhus, and Odense.	3rd Period. † 8 Years, 1886—'93. Not Reg'd.	Change after Abolition of Reglem.
	Ratio per 1000 Inhabit- ants.	Ratio per 1000 Inhabit- ants.	Ratio per 1000 Inhabit- ants.	Diseases Reduced.
Viborg	6.10	3.81	1.60	2.21 o/oo
Elsinore	7.03	10.08	5.04	5.04 "
Aalborg	11.06	9.90	5.98	3.92 "
Aarhus	9.31	11.33	5.86	5.97 "
Horsens	3.53	6.54	2.80	3.74 "
Frederickshavn	13.08	12.26	4.73	7.53 "

The general result of this table is to show a remarkable diminution of venereal diseases, after abolition of réglementation, in every one of the towns in which the system had previously been in force. The ratios are not absolutely correct, for they are stated in proportion to per 1000 of inhabitants; and as the population varied from year to year but was only stated in decennial periods, an allowance must be made for some error on this score. But making every allowance for this source of inaccuracy, the important result will still remain, viz.: that venereal diseases *rose* considerably in half these towns while under the influence of réglementation, but fell (though in a smaller proportion) in the other half; but that there was a marked *fall* in *all* of them after the system had been abolished. Denmark will certainly not be appealed to by the advocates of réglementation to prove that the system has reduced or prevented venereal diseases there.

INDIA AND THE OTHER CROWN DEPENDENCIES OF ENGLAND.

Having in the preceding pages shewn the experience of the Home Armies in England, Denmark, and Holland, we may now turn to India and other Crown Dependencies of England and show in them also the sanitary results of réglementation and of its abolition. Our

* In Denmark every private medical practitioner is compelled by law to report to the health officials every case of venereal disease under his care—whether in private or in hospital practice—as if it was a case of any other contagious disease; such as small-pox or scarlet fever. The health of the civil population, as well as that of the army and navy, can therefore be obtained from official publications of the Government in Denmark.

† The figures for the 3rd period have been supplied to me in MS. by Dr. Giersing, of Copenhagen, from his personal examination of the official statistics.

source of information will be almost if not exclusively the returns made by the House of Commons, in 1894* and 1896*, to Mr. Jeffreys, M.P., for the period extending from 1879 to 1894—partly because they are so recent, and can be obtained from the Queen's printer by anyone for a few pence; but chiefly because Dr. Commenge has quoted them unceasingly and approvingly as supporting his proposition, that “the abolition of the C.D. Acts in these places has been followed by disastrous sanitary results.” He cannot, therefore, object to their being called in evidence to controvert his assumption at every point.

INDIA.

The following chart III shows the amount and course of venereal diseases of *all* kinds in India as a whole, from 1860 to 1894, with the average strength of about 60,000 men. The official army returns commence in 1860, the beginning of the chart.

In 1860 the ratio of disease was 329 per 1000, and it *fell* year by year until 1867, *without* any C.D. Acts,† to 185 per 1000, a *fall* in 7 years of 144 per 1000 men, or an average yearly fall of 20·6 per 1000 men. In the last year a C.D. Act was passed (much more stringent than the English one), and it was put in force throughout 1868, notwithstanding the previous improvement without it. According to the assumption of Dr. Commenge as to the sanitary merits of *réglementation*, the remaining 185 per 1000 of disease ought now to have been quickly reduced to a mere fragment of its amount; instead of which, during the first 9 years that the system was in force, its result was absolutely nothing, for disease fluctuated from year to year (now a little higher and now a little lower) until 1876, when it was 190 per 1000 against 185 per 1000 nine years previously. *Réglementation* had done neither good nor harm in altering the amount of disease during that period, but it *had done the serious injury of stopping* for 9 years the improvement that had previously been going on for 7 years without it. In 1873, however, it began to show its influence in earnest, for disease then began to rise (on the whole with steadiness) for the next 17 years; until in 1890 it had risen to 504 per 1000 men against 167 per 1000 in 1873. It had trebled in amount during these 17 years of unhindered operation—an experiment long enough surely to satisfy even Dr. Commenge himself. In that year, 1890, the system was abolished—and as its introduction in 1867 put a total stop to the previous improvement, so its abolition put an almost entire stop to the increase of disease; for in the following 4 years of abolition (1890-94) the total rise was only 5 per 1000 men, a yearly average of 1·25 per 1000 after abolition compared with the previous rise of 19·8 per 1000 while under the system. The *rate* of increase increased largely during the last 7 years of the Acts, having been 33·4 per 1000 yearly instead of 11·4 per 1000 during the previous 7 years; but if the increase had simply continued after abolition at its average rate for the whole 17

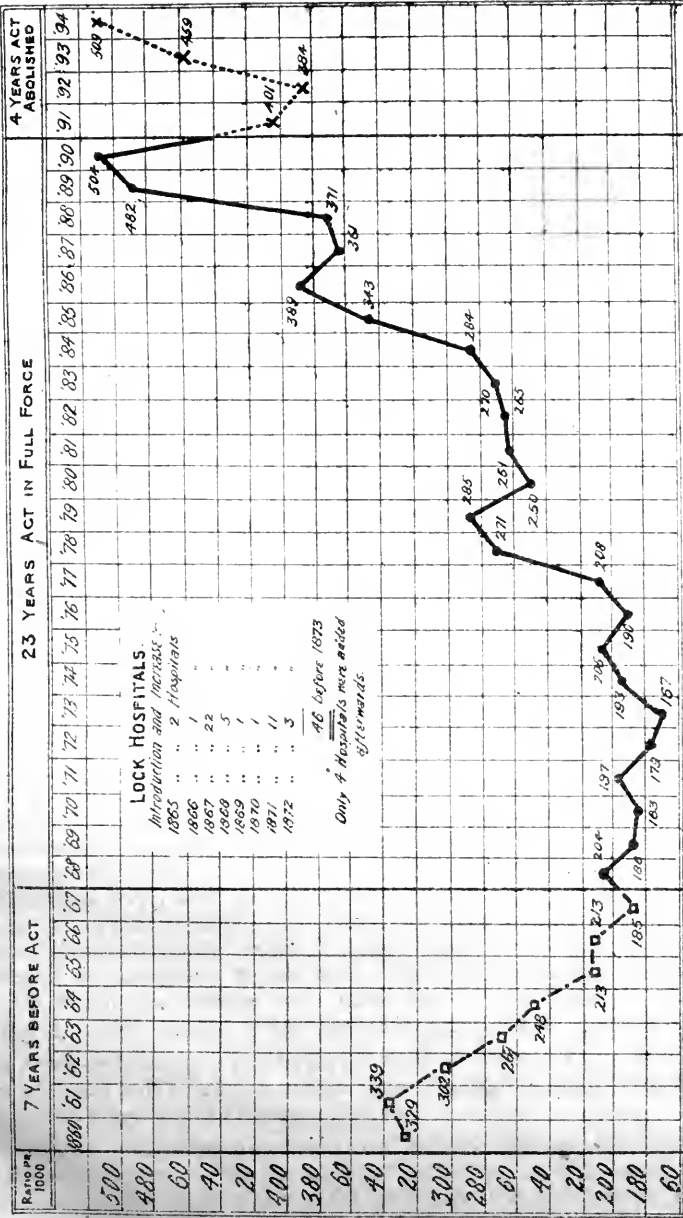
* Parl. Papers, No. 509, 1894, and 153, April, 1896

† Previous to the Act of 1867 there had been occasional employment of lock hospitals, under local “regulations,” for a year here or a year there. But they had been given up as having produced no benefit, and the first systematic employment of lock hospitals is shown for 1865, in the accompanying diagram.

- INDIAN ARMY - VENEREAL DISEASES -

7 YEARS BEFORE C.D. ACT, INDIA. 23 YEARS UNDER THE ACT. 4 YEARS SINCE THE ACT WAS ABOLISHED IN INDIA IN 1890.

WITH ACTS SHOWN BY PLAIN LINES WITHOUT ACTS SHOWN BY DOTTED LINES



Diseases fell nearly one half in 7 years (1861-1867) without Act.

In the 9 years, 1868-1877, there was a decrease fluctuated under the Act & Lock Hospitals with no real change. The ratio in 1877 was 208 and it was only 204 per 1000 in 1868. The Act first came into operation in the 17 years 1873-1890 disease TREBLED under the Act. It rose from 167 per 1000 to 504 per 1000 since abolition of the Act. It was only risen one third

1895
 X 522



years, disease would have amounted to 582 per 1000 men instead of being only 509 per 1000.

What, then, has been the actual influence of the highly-lauded system of C.D. Acts or Réglementation in India, with above 60,000 troops? *It has totally stopped the large improvement that had been going on for 7 years without it. For the first 9 years of its operation it was apparently without influence, good or bad, except in having stopped improvement; but during the past 17 years of its operation it has trebled the amount of disease.* It was then abolished, and its abolition has been followed by a great diminution of increase, the rate being reduced from 19·2 per 1000 to 1·25 per 1000 yearly.

The result of this experience in India has confirmed what we have already seen in England, Denmark, and Holland—viz., that réglementation was either almost without appreciable influence as in Holland, or had a distinctly injurious influence, as in England and Denmark.

The other Crown Dependencies of Great Britain recorded in the Returns from the War Office through the House of Commons for Mr. Jeffreys, M.P.—1894-1896.*

These consist of Gibraltar, Malta, Cyprus, Canada, Bermuda, West Indies (including Jamaica), South Africa and Saint Helena, Mauritius, Ceylon, China and Straits Settlement, and the three Indian Presidencies—Bengal, Madras, and Bombay.

In considering them in relation to venereal diseases, some general remarks apply to the whole, which will render extended individual description unnecessary.

They are all (except the Indian Presidencies) comparatively small garrisons, ranging from Gibraltar and Malta with 4500 and 6000 men (which are the only large ones), to Mauritius and Cyprus with only 400 and 600 men. They are therefore specially liable to changes in the amount of disease, which may arise from the advent of a moral or of a dissolute regiment; and the fluctuations of disease are therefore exceptionally large—sometimes even excessive. All except Canada and Mauritius have been under C.D. Acts, and have also had experience of abolition during the period contained in Mr. Jeffreys' returns. They therefore admit of comparison as to the sanitary influence of the ABOLITION OF THE ACTS; and this comparison was the object for which the returns were called for by Mr. Jeffreys. The following is a brief account of the special features of each garrison:—

[The accompanying charts (shewn between pp. 14 and 15) of disease in each garrison will bring the matter more intelligibly before the eye and the mind than would elaborate figures.]

GIBRALTAR.—An almost unbroken *rise* of venereal diseases for 7 years while *under* the Acts—from 85 per 1000 to 287 per 1000; being an annual average *rise* of 25·8 per 1000 *with* Acts. A fluctuating *fall* after *abolition* of the Acts from 287 per 1000 to 181 per 1000, and a

* This Return was not absolutely limited to the Crown Dependencies, as Egypt is not one of them, and Canada and South Africa are self-governing Colonies.

subsequent rise to 309 per 1000, giving an average annual *rise* of 3.04 per 1000 *without* Acts instead of 25.8 per 1000 with them.

MALTA.—Under C.D. Acts the whole period. Unceasing fluctuations from 91.3 per 1000 in 1879 to 178 per 1000 in 1891. Disease *rose* upon the whole period from 91 per 1000 at first to 129 per 1000 at last.

CYPRUS.—Small, and the most fluctuating garrison of all; the fluctuations—both during the Acts and after their abolition—being so excessive as to render any sanitary conclusions impossible.

CANADA.—Never under Acts during the period of Mr. Jeffreys' returns.* Disease *fell* in a fluctuating, but on the whole continuous line from 251 per 1000 to 96 per 1000 *without* Acts.

BERMUDA.—Disease small in amount and almost unchanged throughout, except a great increase in one year, followed by an exactly equal fall the next. Disease *fell* from 74 per 1000 at first to 49 per 1000 at last. It was under Acts until 1887.

WEST INDIES (including Jamaica).—An exceptional almost unbroken *rise* in disease for 8 years *under* the Acts—from 61 per 1000 to 314 per 1000. This rise continued for the years *after abolition*, with fluctuations from 344 per 1000 to 346 per 1000. There was an average yearly *rise* of 35 per 1000 while *under* Acts—a *reduced rise* of only 0.33 per 1000 after abolition.

SOUTH AFRICA AND SAINT HELENA.—An almost unbroken *rise* for 8 years, from 56 per 1000 to 365 per 1000, and then fluctuations from 365 per 1000 to 274 per 1000. But the Cape of Good Hope has had many C.D. Acts between 1860 and 1885, and all of them have been repealed or abandoned because they were found to be impracticable or worthless. And as the Cape was lately agitating for a new and workable Act, it is impossible to draw any reliable conclusion from that colony.

MAURITIUS is a very small garrison, and it has never been under C.D. Acts. Disease fluctuates to a very great extent, as it always does in very small garrisons, but it has *fallen* from 353 per 1000 to 209 per 1000 between the first and the last years of Mr. Jeffreys' Returns.

CEYLON.—Disease rose here with unceasing fluctuations for 9 years while under the C.D. Acts, from 232 per 1000 to 354 per 1000, an average yearly *rise* of 13.6 per 1000. Since their *abolition* it has *fallen* in 6 years from 354 per 1000 to 315 per 1000, an average yearly *fall* of 6.5 per 1000.

CHINA AND STRAITS SETTLEMENT.—This Station presents great difficulty in attempting to describe it, for it is exceptionally at variance with the others. For the first 9 years recorded in Mr. Jeffreys' Return its amount of disease was exceptionally small, so small indeed for a Station lying between India and China, that no intelligible explanation has yet been given of the comparative absence of disease.† Such as it was, however, it *fell* from 215 per 1000 to 189 per 1000 while the Acts

* Canada was under Acts for a short time immediately after their enactment.

† Since this was written, the Rev. W. Pierson, of Holland, has suggested an explanation which appears far from improbable; but I am not sufficiently acquainted with the facts to feel justified in introducing it here.

DIAGRAM A.

UNITED KINGDOM & BRITISH CROWN DEPENDENCIES

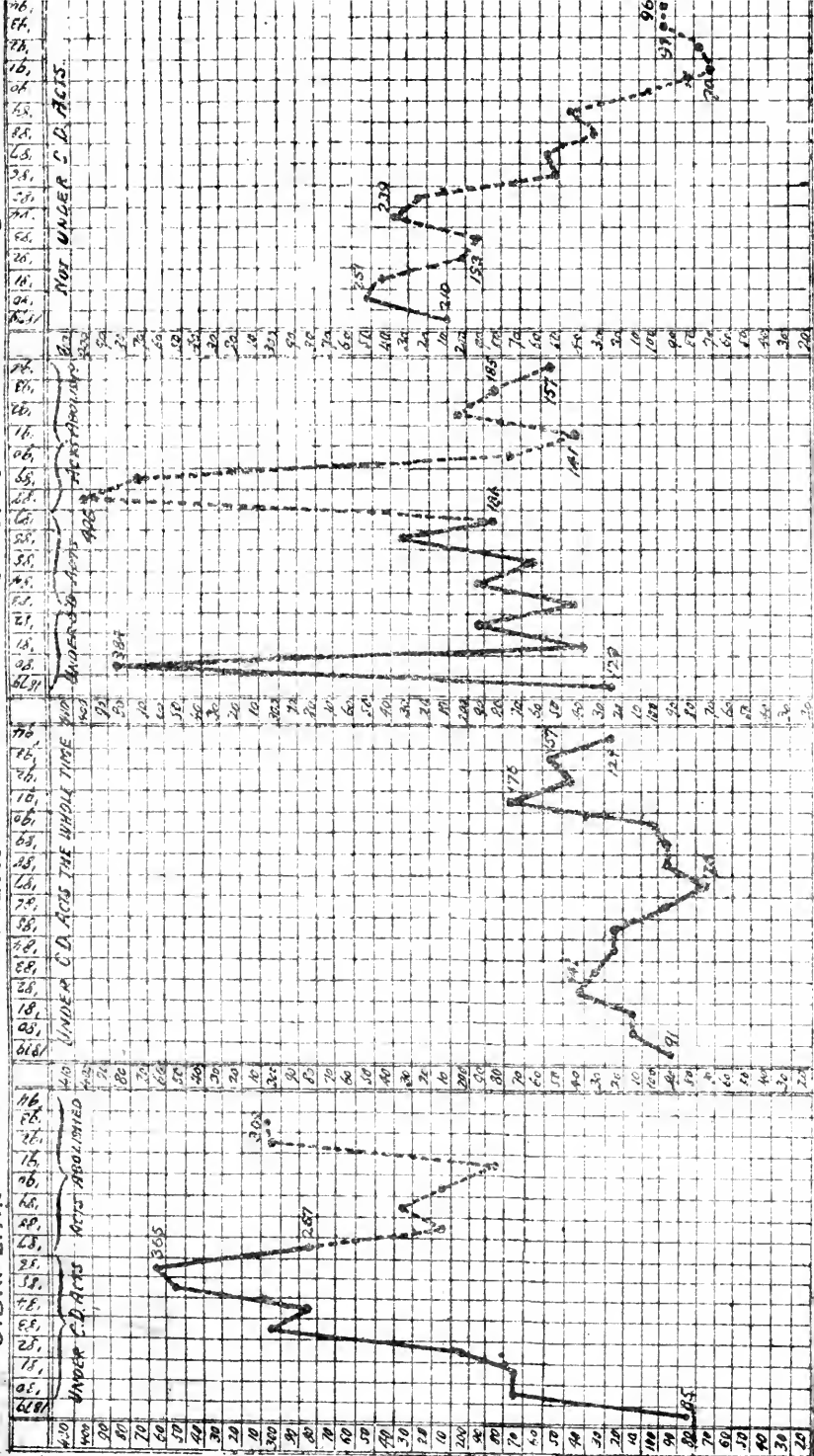
AMOUNT AND CHANGES OF VENEREAL DISEASES IN THE ARMY DURING THE C.D. ACTS AND SINCE THEIR ABOLITION

• GIBRALTAR.

• MALTA.

• CYPRUS.

• CANADA.

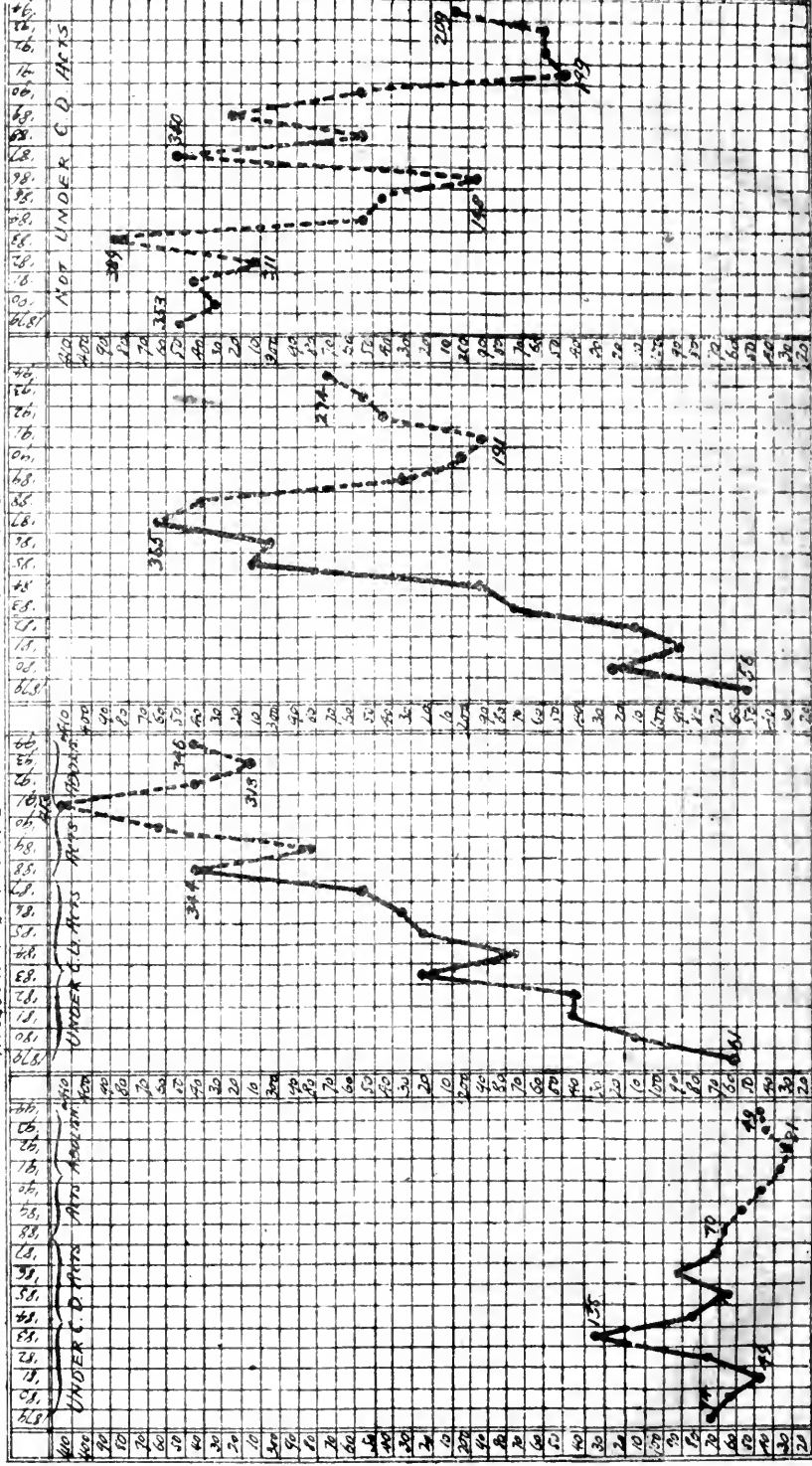


BERMUDA

WEST INDIES INCLUDING JAMAICA

SOUTH AFRICA & S. HELENA

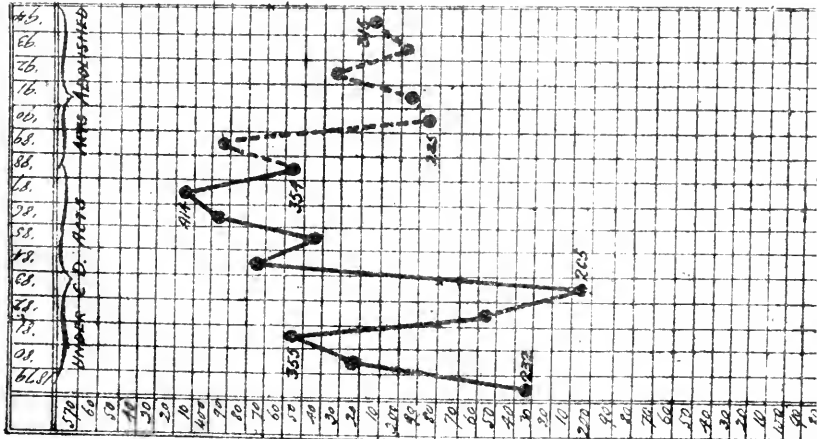
MAURITIUS



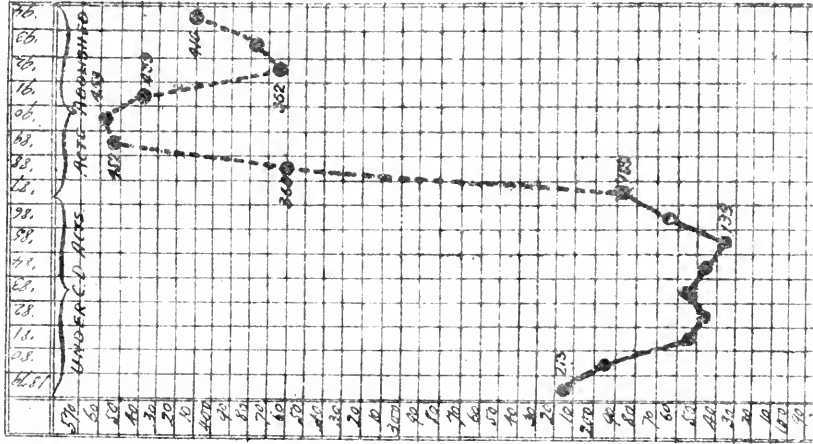
UNITED KINGDOM & BRITISH CROWN DEPENDENCIES

AMOUNT & CHANGES OF VENEREAL DISEASES IN THE ARMY
DURING THE C.D. ACTS AND SINCE THEIR ABOLITION.

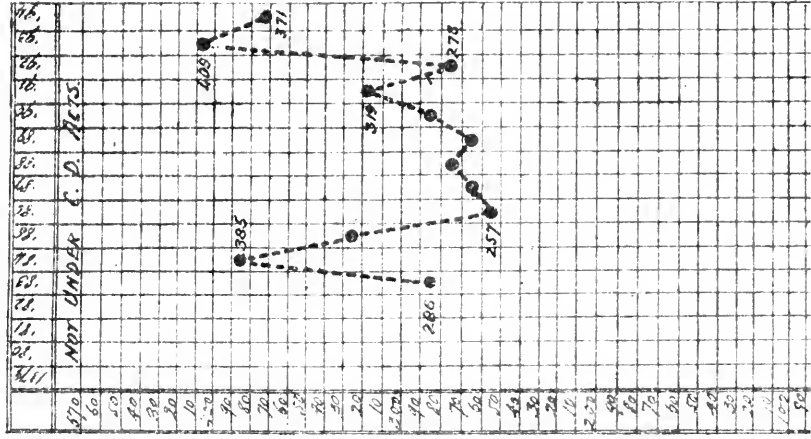
CEYLON



CHINA & STRAITS SETTLEMENTS



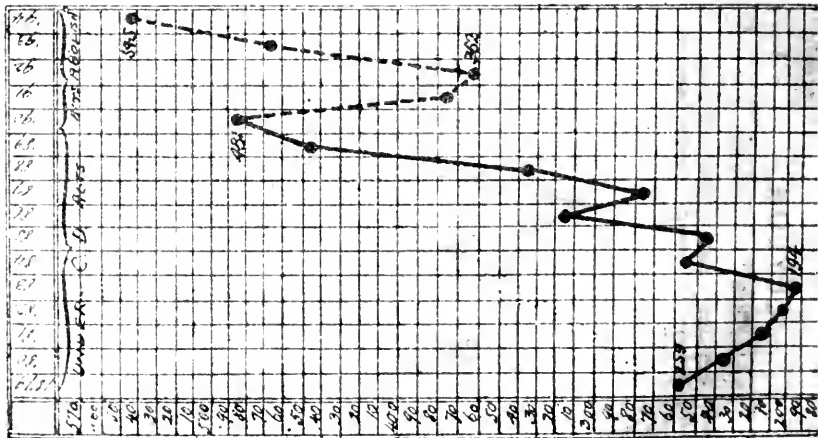
EGYPT



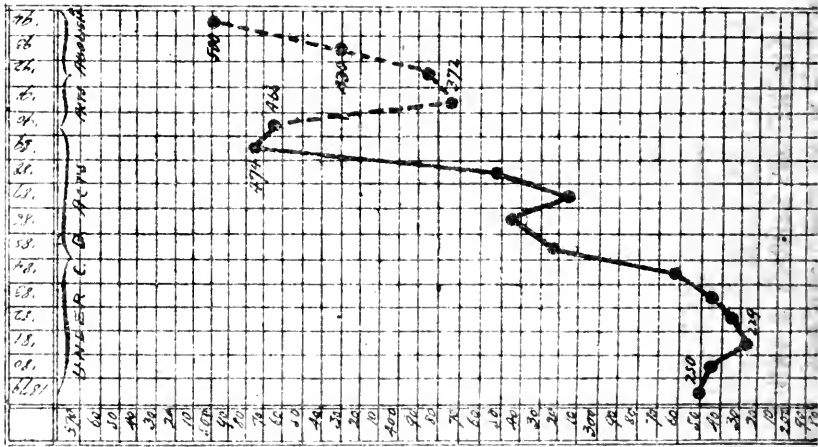
UNITED KINGDOM & BRITISH CROWN DEPENDENCIES

AMOUNT AND CHANCES OF VENEREAL DISEASES IN THE ARMY DURING THE C.D. ACTS AND SINCE THEIR ABOLITION

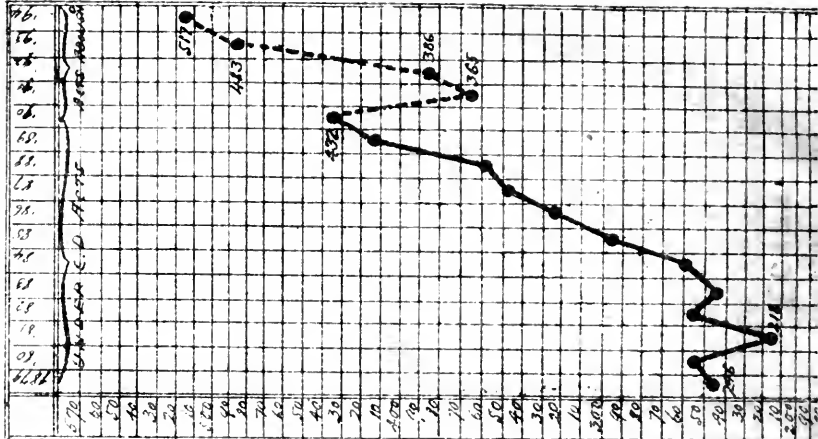
BOMBAY



BENGAL



MADRAS



were in force. They were then abolished, and in one single year disease shot up by 171 per 1000, thus bringing up the amount to that prevailing generally in India itself. Since that time it has fluctuated, the latest ratio being 410 per 1000. For the last 6 years it has closely resembled India in its fluctuations and amount.

EGYPT, though not an English Crown dependency, is included in Mr. Jeffreys' Return; but it has never been under C.D. Acts, and its disease is only recorded since 1883. The amount fluctuates unceasingly from 286 per 1000 to 249 per 1000, having again risen to 408 per 1000, and closed at 371 per 1000.

BENGAL, with an average of about 40,000 men, began in Mr. Jeffreys' returns with a ratio of 250 per 1000, and disease *rose* with occasional fluctuations for 11 years *under* the Acts to 466 per 1000. The Acts were abolished in 1890, and it fell largely for a single year; but during the entire 4 years since abolition it has risen again to 500 per 1000. There was an average yearly rise of 19·6 per 1000 men while under the Acts, but an average yearly rise of only 8·5 per 1000 since their *abolition*. If the average rise during the previous 11 years under the Acts had simply continued for the next 4 years of abolition the ratio would have been 544 per 1000, instead of the 500 per 1000 that it really is, a difference of 44 per 1000 in favour of abolition.

MADRAS, with an average strength of about 12,000 men, began in 1879 with a ratio of 246 per 1000. In 11 years *under* the Acts it rose to 482 per 1000—an average yearly rise of 17 per 1000. The Acts were then abolished, and in the next 4 years disease rose to 517 per 1000, an average rise of 21·2 per 1000 men, a higher yearly rate of rise than while under the Acts. If the previous rise had continued during the 4 years of abolition, disease would have stood at 500 per 1000, whereas it really stood at 517—a slight difference against abolition.

BOMBAY.—With about 12,000 men, began at 259 per 1000, and rose in 11 years *under* the Acts to 481 per 1000, an average yearly rise of 20 per 1000 men. After abolition it still rose in 4 years to 545, an average yearly rise of 16 per 1000 men *under abolition*, against 20 per 1000 while under the Acts. If the previous increase had continued during these 4 years, the ratio would have been 562 per 1000, while it was really only 545, a slight difference in favour of abolition.

INDIA AS A WHOLE.—We have already seen that when the three Presidencies (varying so largely in strength and also in their health results) are combined together to form the British Army in India as a whole, the result of the Abolition of the C.D. Acts was a reduction of the previous rate of increase from 19·2 per 1000 yearly to only 1·25 per 1000 yearly, and also a prevention of 73 per 1000 of Increase that would have taken place but for the Abolition.

Objection to the foregoing “Presumptive Ratios.”

It may be said that the foregoing calculations and the estimated benefit or injury from Abolition of the Acts are all purely hypothetical; for it cannot be proved that the previous increase of disease would have continued, and if it did not, then all the conclusions are worthless.

In answer to this feasible objection it can be replied that, as a matter of fact, Venereal Diseases of all kinds combined have increased upon the whole throughout the whole period of the Acts from 1868 to 1890. Further, there have been such fluctuations throughout in all the Presidencies and other Stations contained in the Returns, as to make it highly probable that such fluctuations of fall and rise would still continue, and yet that the progressive increase on the whole period of 22 years in India would, with the highest degree of probability, continue unless some new well-defined cause was brought into operation which would naturally tend to check the increase. But no such new influence, either moral or sanitary, is or has been seriously put forward by the advocates of the Acts. On the contrary, the whole cry has been "Extend and make still more stringent the system which has proved such a sanitary failure,"* or else there has been a demand for still more incentives to immorality in the form of an increased number and greater attractiveness of prostitutes for the supply of the Army.†

It may therefore be assumed with the fullest confidence at the present stage of the controversy that the previous increase would have continued, and that, judging from the past, it would have done so at an increased rather than a diminished rate.

Summary of the foregoing accounts of the British Crown Dependencies of the Sanitary Results of the C. D. Acts and of their abolition, as shown by Mr. Jeffreys' return.

Increase of Venereal Diseases while under the C. D. Acts.

Disease rose in Gibraltar	...	from 85 per 1000 to 287 per 1000		
„ Malta	...	„ 91	„ 129	„
„ West Indies and Jamaica	...	„ 61	„ 304	„
„ South Africa	...	„ 56	„ 365	„
„ Ceylon	...	„ 232	„ 354	„
„ Bengal	...	„ 250	„ 466	„
„ Madras	...	„ 246	„ 432	„
„ Bombay	...	„ 259	„ 481	„

A result totally against any Sanitary benefit from Réglementation in these various garrisons in so many parts of the world.

* Memorandum—Army Sanitary Commission (see p. 27, par. 6).

† The following official "Circular" was issued in India in June, 1886, and it is addressed from the office of the Quartermaster-general of India to every general officer in India. The following are the important portions of the "Circular Memorandum" No. 21, June 17, 1886; and it was followed in 1887 by the "Thirteenth Annual Report of the Working of the Lock Hospitals in the North-western Provinces and Oudh."—Parl. Papers, 197, 1888.

Circular No. 21, 1886, sec. f.—"In the regimental bazaars it is necessary to have a sufficient number of women; to take care that they are sufficiently attractive; and to provide them with proper houses." Sec. g.—"Young soldiers" are to be "carefully advised to avoid the risks involved in associating with women who are not recognised by the regimental authorities."

Circular 42, 1884, desires that in constructing houses for the registered women, they should be built so as to please the women, "otherwise the results will not be satisfactory."

Circular 69, 1883.—The women are to be examined every day, to see that they are free from disease."

See also p. 19 of this Address—"Report of the Working of Lock Hospitals in the North-western Provinces of India and Oudh, 1886."—Dyer Bros., Paternoster Square, London.

Changes per 1000 in venereal diseases *after* the *Abolition* of the C. D. Acts :—

Gibraltar	<i>fell</i> from 365 to 308
Bermuda	„ „ 74 „ 49
South Africa.....	„ „ 365 „ 274
Ceylon	„ „ 354 „ 315
Canada (without Acts)...	„ „ 210 „ 96
Mauritius („)...	„ „ 353 „ 209

PER CONTRA.

China and Straits Settlement *rose* from 189 to 410.

The West Indies and Jamaica had risen 35 per 1000 yearly while under the Acts, and the rise continued *after Abolition* of Acts, but only by 0·33 per 1000 without Acts instead of 31·5 per 1000 while under them.

West Indies rose <i>under</i> Acts	35·00	per 1000 yearly,	but <i>without</i> them only	0·33
Bengal „ „	19·60	„ „ „	„ „	8·50
Madras „ „	16·97	„ „ „	and „	21·25
Bombay „ „	20·20	„ „ „	but „	only 15·90

In 6 of the stations disease *fell*, and in 4 of the remainder (W. Indies, Bengal, Madras, and Bombay) the yearly *rise* was *materially reduced after Abolition* of the Acts.

The Straits Settlement was the only marked increase of disease after Abolition.

The Influence of Réglementation as a Sanitary Agent is insignificant and practically inappreciable when compared with the other agencies that operate in the production of Venereal Diseases.

Having shown in the preceding pages the strong proofs, derived from the experience of England, Holland, Denmark, and India—1st, of the *absence of all power* in the system of *réglementation* to limit the amount of venereal diseases; 2nd, of the *positive injury* resulting from its introduction in England and India; and 3rd, of the *sanitary benefit* resulting from its abolition in England, India, and Denmark—we may now examine a still further aspect of the subject. That is, its *insignificance as a sanitary agent when compared with the other influences which operate in the production of venereal disease*.

In this portion of our enquiry we shall not be confined to England, Holland, and Denmark, but we shall summon France also, and Dr. Commenge himself to witness against his own theory, and to prove that it is immaterial whether *réglementation* is present or absent when we examine the amount of venereal diseases in the armies of these four various countries by every test to which we can submit it. The particular test to which we shall now have resort is—*That the order in which the different garrisons in these countries take rank in the amount of disease, is utterly independent of the presence or absence of réglementation*.

To begin with England, as the most trying test, because exactly one half of her home army has been for years under the system, and the other half has been without it during the same period; and because the evidence now to be adduced was put before the Select Committee of the House of Commons in 1879, in the presence of most accom-

plished war-office critics, and was subjected to cross-examination by them, and has therefore had to run the gauntlet of an exceptionally severe tribunal.

The following table shows the ratio per 1000 men of primary venereal sores and of gonorrhœa in the 28 stations selected by the War Office for the trial of the "great experiment" of the C.D. Acts, and it covers the 3 years (1870-1-2) in which the Acts were in full unhindered operation. In 1873 the men began to conceal their disease in order to escape losing their pay when in hospital, to such an extent that the Army Reports year by year (until 1879, when the penalty was removed) always added a footnote, "Statistics not reliable, on account of concealment of disease." After this year no evidence of a similar character was given on the comparison before the House of Commons, and therefore it could not be subjected to cross-examination.

TABLE IV.—Ratio per 1000 men of the amount of Primary Venereal Sores and Gonorrhœa in the 28* selected stations in the British Home Army from 1870 to 1873.

Name of Station.	Ratio per 1000.	Condition.
Athlone	85	<i>Not</i> under C.D. Acts.
Shorncliffe	98	Under them.
Fermoy	100	<i>Not</i> under.
Curragh	104	Under.
Pembroke Dock	105	<i>Not</i> under.
Dover and Cork	114	} Under.
Winchester	117	
Hounslow	141	<i>Not</i> under.
Windsor	135	Under.
Warley	145	} <i>Not</i> under.
Isle of Wight.....	153	
Chatham	155	Under.
Edinburgh	157	<i>Not</i> under.
Portsmouth	163	} Under.
Three other Stations, Great Camps, or Arsenalst	165	
Limerick	181	<i>Not</i> under.
Plymouth and Devonport	188	Under.
Manchester	215	<i>Not</i> under.
Canterbury.....	224	Under.
Three great Manufacturing Townst.	248	} <i>Not</i> under.
Dublin	262	
London	262	

Curragh, one of the largest camps, had only 104 per 1000, while Chatham had 155 per 1000, Portsmouth had 163 per 1000, and the three great garrisons, Aldershot, Colchester, and Woolwich (averaging about 7000) had 165 per 1000, Plymouth had 188 per 1000, and Canterbury 224 per 1000,—above twice the amount present in the great camp—the Curragh,—yet all were equally under the C.D. Acts. The lowest ratio was 85 per 1000 in Athlone, and Edinburgh had 157 per

* Maidstone is not included in the Table. Its garrison was so small, and the fluctuations were so great, as to render it valueless in a comparison.

† Aldershot, Colchester, and Woolwich.

‡ Belfast, Preston, and Sheffield.

1000 (about twice as much), while the great metropolitan cities of Dublin and London, and three of the greatest manufacturing towns in the country had the highest ratio of disease, not being under them.

How is it possible to show that the system of *réglementation* has had any influence whatever among these extreme variations in the amount of disease, whether under or not under its operation?

Remarkable Evidence relating to the amount of Venereal Diseases in the camp at Aldershot, given to the Select Committee of the House of Commons, 1879, by the Inspector-General of Military Hospitals, Dr. R. Lawson.

The camp, of about 12,000 men, is occupied by numerous regiments which have a nearly equal strength of about 600 men. During a visit of inspection, extending over many months, Dr. Lawson found that the amount of venereal diseases in one regiment was only 23 per 1000 men, in another it was 42 per 1000, in another 84 per 1000, in another 114 per 1000, and in another it reached a maximum of 142 per 1000 men, yet all were in the same camp and surroundings, and all were equally under the C.D. Acts. What degree of sanitary value, then, can be claimed for *réglementation* when it results in 23 per 1000 in one regiment and in above 6 times as much (142 per 1000) in another at the same time and in the same place?

He was called by the War Office to give evidence before the Select Committee in *favour* of the C.D. Acts as a sanitary measure, and the only explanation he could offer of the extraordinary difference was a *difference in the character of the men, and in the traditional habits of the regiment.* (Quest. and Ans. 406 to 416, Min. of Evid., 1879.) *Réglementation*, whether present or absent, is evidently an insignificant influence compared with the character of the men as to the amount of venereal disease in the army.

Dr. Lawson was by far the ablest and the most trusted medical witness called by the government in *support* of the Acts, and the above evidence is therefore of exceptional importance.

Evidence furnished by the 14 garrisons of the North-western Province of India and Oude, all under the C.D. Acts. (Reports of the working of Lock Hospitals in the North western Province of India and Oude, 1886).

Number of Stations.	Venereal Diseases of all kinds. Average ratio per 1000 men.
4	203 per 1000
3	263 ,,
4	402 ,,
3	546 ,,

They were all under the strictest C.D. Acts, which were carried out to the utmost of their power. What, then, can account for the difference? No one can claim that it is the absence of *réglementation*; but possibly the following difference may solve the question. In the 1st 4 garrisons the military authorities provided 1 public woman for

every 16·5 men ; In the 2nd, 1 woman for every 9·8 men ; in the 3rd, 1 woman for every 7·1 men ; and in the 4th, 1 woman for every 3·9 men—and the Table shows the result. The amount of disease was in proportion to the amount of immorality and the provision made for encouraging it, and réglementation will not be claimed as having proved a sanitary benefit there.

HOLLAND

again contributes to our information on this head, and the following Table shows the alternations of disease between eight* stations that for about 20 years have never been under réglementation and a rather larger number of réglemented stations for about the same length of time.

Stations.	Ratio per 1000 men.	Condition.
1. Zwolle	12	Réglemented.
2. Schoonhoven	18	Not.
3. Grave	19	Not.
4. Kampen	28	Réglemented.
5. Willemstadt.....	38	Not.
6. Gouda	38	Réglemented.
7. Helvoetsluis	39	Not.
8. Maastricht	42	Réglemented.
9. Neuzen	52	Not.
10. Gorinchem	59	Réglemented.
11. Naarden	58	Not.
12. Leiden	84	} Réglemented..
13. Delft	87	
14. Breda	96	
15. s'Gravenhage	109	} Not.
16. Utrecht.....	129	
17. Haarlem	135	
18. Vlissingen	166	Réglemented.
19. Amsterdam	178	Not.

The smallest ratio but one, and the largest ratio, have neither of them ever been under réglementation, and the intermediate 17 garrisons come almost alternately under and not under the system. As far as freedom from Venereal Disease is concerned, the possession of réglementation is apparently a matter of complete indifference.

BELGIUM

is not able to assist in the comparison between réglemented and non-réglemented periods in any of its garrisons, as they have all been under the system from the first ; but its experience of 17 years confirms the proposition that it is the character and general surroundings of the garrison, and not the presence or absence of réglementation, which influences the amount of venereal diseases.

* There were five other stations that have never been under the system ; but they are so small, and the recorded periods have been so short, as to render them valueless in a comparison.

Average Ratio of Venereal Diseases per 1000 men in 14 Belgian Garrison Towns for 17 years.

1. Arlon..... 46·8 per 1000.	8. Beverloo... 90·0 per 1000.
2. Antwerp... 70 9 "	9. Termonde 95·2 "
3. Ypres..... 73·8 "	10. Namur ... 95·4 "
4. Bruges ... 73 9 "	11. Malines...100·2 "
5. Ostende... 83·4 "	12. Ghent ...101·7 "
6. Louvain . 84·4 "	13. Liege.....117·5 "
7. Brussels... 84·7 "	14. Diest.....119·1 "

Brussels—the head-quarters of the system—having nearly twice the disease of Arlon, and Diest nearly three times the amount.

Disease in relation to the frequency of the “Visites.”

In Arlon, Antwerp, Ostende and Termonde, the visite is once a week, and in the other garrisons it is made twice a week. On looking at the above order of disease, it appears that where the visite is least frequent the amount of disease is most moderate—speaking in a general way.

French teaching on this question, and Dr. Commenge’s own evidence in support of the proposition maintained in this article—that “the influence of réglementation, as a sanitary agent, is insignificant and practically inappreciable, when compared with the other influences which operate in the production of venereal disease.”

We may pass from England, Denmark, Holland and Belgium, and put Dr. Commenge himself into the witness-box. In his address are 3 pages (32, 3, 4) of exceptional importance as coming from the main-tainer of the proposition that it is réglementation, and that alone, which causes the difference in the amount of venereal diseases between the French and Russian and the English armies, and in page 14 he emphasizes by italics, that “*one single fact remains impregnable, and that is, the necessity for réglementation, moderate and legal. The necessity for réglementation is a brilliant demonstration, as the result produced by the ENGLISH statistics.*”

He commences the portion now to be put in evidence as follows:—“It seems to me useful to show, from what takes place in the French army, the influence of”—of what? of *non-réglementation*?—by no means—“of *clandestine prostitution* in the increase of venereal diseases in the different corps of the army.” Réglementation of the utmost stringency they all have; but it is powerless to prevent clandestine prostitution, which is next alleged as the great source of disease in the French army. “In Algeria as in Paris clandestine prostitution is very widely spread, and the proportion of diseased soldiers is very great. It is the same with the 3rd corps, which occupies the large manufacturing towns, where the young women “give themselves up readily to debauchery.” And then he adds—The 11th corps occupies Brittany, “where the manners are less dissolute.” And what is the result of this difference of morals? not,

be it observed, of a difference in réglementation, for that is uniform everywhere in the French army:—

The ratio of disease in Paris..... is 54·8 per 1000 men.
 in the 3rd corps—the large
 manufacturing towns—is 84 " "
 in Algeria .. is 98 " "
 but in the 11th corps—in
 moral Brittany it is only 26·3 " "

Above twice as high in Paris—the head-quarters of réglementation—and four times as high in Algeria, as it is in Brittany! How much value does this Table show the system to possess in reducing the amounts of venereal disease in the French Army when compared with the other influences which he acknowledges to be so potent?

Not only, however, is it the different *corps* that differ so widely, but the individual *garrisons* also have their own different standards of disease, that appear to be upon the whole very constant and very noteworthy. He continues—"Each different army corps has a yearly average nearly identical and peculiar to itself, and the difference is dependent upon the greater or less facility which the *different garrisons* supply to the soldiers for trying their chance in debauchery"—'aventure' (page 33). So here is another influence, independent of réglementation, which maintains a standard of disease that is nearly identical year by year, and is also "peculiar to each garrison itself." He gives the following Table of these different garrisons as under:—

Vernon 6·75 per 1000 men.	Caen78·56 per 1000 men.
Elbeuf..... 6·84 "	Evereux83·95 "
Lisieux35·70 "	Bernay89·51 "
Falaise62·78 "	Le Havre ..97·27 "
Dieppe73·71 "	Rouen.....98·32 "

Our witness concludes this important evidence as follows:—"If Le Havre and Rouen have among the soldiers a proportion of venereal diseases so high and so nearly identical, how rudimentary must appear the statistics of venereals found in the garrison of Elbeuf, since it is only 6·84 per 1000! It shows that the progressively increasing amount is closely in proportion to the *luxury of morals and the development of clandestine prostitution.*"

The following table of large French cities, better known to many people than the above, has been supplied to me by Miss Doctor Agnes McLaren, from her own researches of the French Army statistics. They enlarge the area of Dr. Commenge's table, and entirely confirm the conclusions drawn from it:—

Lyons33 per 1000 men.	Marseilles58·7 per 1000 men.
Amiens38 "	Constantine....60 "
Bordeaux49 "	Oran71 "
Toulouse.....50·6 "	Rouen & Neigh-
Tunisia51·1 "	bourhood....74 "
Paris54·8 "	Algiers98·6 "

But it would be difficult to produce stronger testimony than that of Dr. Commenge to the truth of the proposition maintained in this section—that "the influence of réglementation as a sanitary agent is insignificant and practically inappreciable when compared with the other influences which operate in the production of venereal disease."

Constitutional or Secondary Syphilis since the Abolition of the C.D. Acts—Reglementation.

This form of disease is so much more serious from its liability to reappearance from time to time in the sufferer himself, and from its frequent descent to his offspring, that its alleged increase as an inevitable result of abolition of the system of the Acts, is much more dwelt upon by their advocates than the possible increase of the non-syphilitic forms of venereal disease. It therefore requires special attention in this Address, and the result from Mr. Jeffreys' returns is to show how largely true syphilis *increased* while the garrisons were *under* reglementation, and *how much its spread has been checked*, if not entirely stopped, *by the abolition of the system*.

The British Home Army has to be compared separately, as there are three periods to be compared instead of only two, as in the other stations—

1st period—	3 years of full C.D. Acts—	1870-1-2.
2nd „	4 „ „ „	1880-1-2-3.
3rd „	11 „ abolished „	1884-94.

The period of 7 years between 1872 and 1879 is omitted from the examination, as the soldiers at that time concealed their venereal diseases as much as possible, in order to avoid punishment. The statistics of those 7 years are therefore unreliable, and are left out of the comparison.

Secondary Syphilis per 1000 men, from Mr. Jeffreys' Reports.

Name of Station—United Kingdom.

1st reliable period— 3 years <i>with</i> C.D. Acts. Average ratio per 1000—23·53.	Change per 100 in 2nd period upon the previous amount— Rise of 24·82 per cent. <i>Acts in force.</i>	GENERAL RESULT.—The average ratio per 1000 has risen in each period, and the <i>proportion</i> of rise has changed. The rise in the 2nd period <i>with</i> Acts was 24·82 per cent. The rise in the 3rd period <i>without</i> Acts was only 18·80 per cent. The rise after abolition of the Acts was much smaller in proportion than the previous rise while the Acts were in force. The abolition of the Acts has been followed by a <i>reduced rate</i> of increase in Secondary Syphilis.
2nd reliable period— 4 years <i>with</i> C.D. Acts. Average ratio per 1000—29·37.		
3rd period— 11 years <i>without</i> C.D. Acts. Average ratio per 1000—34·92.	Change per cent. upon previous period— Rise only 18·80 per cent.	

Improvement with Acts repealed.

GIBRALTAR Almost unbroken Rise *under* the C.D. Acts from 7·8 per 1000 to 39·4 per 1000.
Average yearly rise 3·95 per 1000.
Almost unbroken *Fall* after *abolition* of Acts from 39·4 per 1000 to 20·8 per 1000.
Average yearly fall 2·51 per 1000.

- MALTAConstant fluctuations (*under Acts* throughout), from 6·0 per 1000 at first to 15·7 per 1000 at last.
- CYPRUS.....Excessive fluctuations throughout. Final Results—Disease was *lower* by 29·2 per 1000 after 7 years without Acts than it was after 8 years with them.
- CANADA.....Without Acts throughout. Considerable fluctuations the first 7 years. Generally progressive *fall* the last 7 years. *Fell in the 14 years* from 38·7 per 1000 at first to 15·9 per 1000 at last.
- BERMUDADisease has gradually *risen under* the Acts from 10·7 per 1000 to 21·5 per 1000 in 7 years, and has gradually *fallen in 6 years after abolition* from 21·5 per 1000 to 5·7 per 1000.
- WEST INDIES ...Disease *rose* while *under Acts* from 7·5 per 1000 to AND JAMAICA. 37·8 per 1000. After abolition of the Acts in 1888 it continued to rise to 45·6 per 1000. The average yearly rise being 1·3 per 1000 *without Acts* against 3·37 per 1000 with them—a great reduction without Acts in the previous rate of increase with them.
- MAURITIUSNever under the Acts, but without them secondary disease *fell* on the whole from 120·7 per 1000 the first year to 30·4 per 1000 the last year.
- CEYLON..Great fluctuations, but with an average yearly *rise* of 1·84 per 1000 during the 8 years of the Acts. The rise continued after abolition, and at an average of 2·3 per 1000, an average *increase* of half a man per 1000 after abolition of the Acts,
- CHINA & STRAITS Sudden and excessive *rise* in 1889, after the Act was SETTLEMENT. repealed. Gradual *yearly rise* of 2·19 per 1000 while *under* the Acts, which increased to 8·06 per 1000 after their repeal. (See comments on this station at p. 14.)
- INDIA AS A WHOLE Average yearly *increase* of 3·67 per 1000 men *under* the Acts, for the 11 years of Mr. Jeffreys' return. After the abolition of the Acts in 1890 the yearly rise was only 2·07 per 1000. The previous rate of increase while under the Acts was reduced by nearly one-half (44 per cent.)
- If the previous rate of increase had simply continued, the ratio per 1000 in 1894 would have been 81·06 per 1000, but under abolition it was only 74·65, a saving as the result of abolition of 6·41 per 1000 men yearly in this most serious form of disease.
- BENGALAverage yearly *rise* of syphilis while *under* the Acts was 2·95 per 1000. The rise continued after abolition, but at the *reduced* rate of only 1·49 per 1000, just one-half its rate while under the Acts.

If the previous rate of increase had continued, the ratio in 1894 would have been 72·0 per 1000, but it was only 66·6 per 1000, a saving since abolition of 5·4 per 1000.

MADRAS The average yearly *rise* of syphilis *under* the Acts was 6·1 per 1000, but after abolition the continued rise was only 2·57 per 1000.

If the previous rise had continued the ratio in 1894 would have been 115·5 per 1000, but it was only 101·4 per 1000, a saving of 14·1 per 1000 men since abolition.

BOMBAY The average yearly *increase* while *under* the Acts was 3·34 per 1000, but the rise continued after abolition at the higher rate of 3·62 per 1000—higher by a quarter of a man per 1000 yearly without Acts than with them.

If the average rise had continued, the ratio in 1894 would have been 73·36 per 1000. It was really 74·5 per 1000—an additional loss of one man and a seventh per 1000 after abolition.

EGYPT Not a British Dependency, and disease is high in it, and has risen during the English occupation of the country. The fluctuations are so great as to forbid any definite information upon the whole combined diseases, but syphilis rose materially.

SOUTH AFRICA ... The changes in disease in South Africa have been so little influenced by the numerous C.D. Acts that
AND
ST. HELENA. have been passed there and have soon come to an end as having proved useless or inapplicable, that no inference of weight can be drawn from them except that they furnish no proof of sanitary benefit from C.D. Acts legislation.

Syphilis rose 15·72 per 1000 yearly under the two first Acts, and fell 8·8 per 1000 yearly under the 3rd Act. (See p. 14.)

Summary relating to Syphilis proper in the British Army and Dependencies.

	UNDER ACTS.	SINCE ABOLITION.
British Home Army.	Rose throughout.	Continued to rise, but at a <i>reduced</i> rate.
Gibraltar	Almost unbroken rise.	Almost unbroken fall.
Malta	Constant fluctuations throughout.	—
Cyprus	Great fluctuations.	Disease <i>lower</i> by 29·2 per 1000 after Abolition.
Canada	Never under Acts.	Generally <i>progressive</i> fall.
Bermuda	Rise from 10·7 to 21·5.	Fall from 21·5 to 5·7 per 1000.
West Indies and Jamaica	Avg. yearly <i>rise</i> 3·37.	Avg. yearly rise only 1·3 per 1000. Rate reduced.

Mauritius	Never under Acts.	Fell from 120·7 per 1000 to 30·4 per 1000.
Ceylon	Avg. rise 1·84 per 1000.	Av. rise 2·3 per 1000; half a man per 1000 more.
China and Straits Settlement	Avg. yearly rise 2·19 per 1000.	Avg. yearly rise 8·06 per 1000.
India as a whole	Avg. yearly rise 3·67 per 1000.	Avg. yearly rise only 2·07 per 1000.
Bengal	Avg. yearly rise 2·95 per 1000.	Avg. yearly rise only 1·49 per 1000.
Madras	Avg. yearly rise 6·1 per 1000.	Avg. yearly rise only 2·57 per 1000.
Bombay	Avg. yearly rise 3·34 per 1000.	Avg. yearly rise 3·62 per 1000, one-quarter man per 1000 more.
Egypt and S. Africa.	See previous page.	

An almost unbroken *fall after* Abolition, instead of the almost unbroken *rise* while under the C.D. Acts.

The above summary is limited to England and her Dependencies. I have not been able to find any comparison as to the proportion of *syphilis* with and without *réglementation* in the armies of France, Holland, Denmark, or Belgium, as they have not abolished the system in their garrisons. But the experience in the Danish army and navy in Copenhagen, from 1874 to 1891, while still under *réglementation*, is as follows, when divided into three equal periods of six years each :

SYPHILIS—DANISH NAVY.

1st period.	Avg. ratio per 1000.	2nd period.	Avg. ratio per 1000.	3rd period.	Avg. ratio per 1000.
1874-1879.	3·2	1880-1885.	8·0	1884-1891.	11·3

A progressive increase of *syphilis* in the navy while under *réglementation* from 3·2 per 1000 to 11·3 per 1000.

SYPHILIS—DANISH ARMY.

1st period.	Avg. ratio per 1000.	2nd period.	Avg. ratio per 1000.	3rd period.	Avg. ratio per 1000.
1874-1879.	1·7	1880-1885.	5·5	1886-1891.	4·6

An increase in the army from 1·7 per 1000 in the first period to 5·5 in the second period, but a decline to 4·6 in the third period, though still an increase from 1·7 per 1000 in the first period to 4·6 per 1000 in the last period with *réglementation* throughout.

IN THE BELGIAN ARMY *SYPHILIS* has, on the contrary, declined from an average of 15·5 per 1000 in the period 1869-76, to an average of 14·8 per 1000 in the equal period 1878-1885, the last period I can obtain. A small decline, but still a decline.

Summary of the Results shown in the foregoing Statistics.

1.—No statistical evidence is offered by Dr. Commenge or the advocates of *réglementation* whom he quotes, that the introduction of the system into garrisons previously without it has been followed by a reduction of venereal diseases.

2.—Evidence of incontrovertible character is here adduced which shows that the introduction of the system has immediately stopped or largely reduced improvement previously taking place without it, and has further largely increased the previous amount of venereal diseases.

3.—In England, Holland, and Belgium evidence is here given which shews that when garrisons under the system, and similar comparable garrisons not under it are compared for the same periods of many years, the influence of the presence of *réglementation* is utterly inappreciable as regards the amount of venereal diseases in the two sets of garrisons.

4.—The abolition of the system during an experience extending over many years has been followed by a very marked *reduction of disease* in the majority of cases, and by a marked *reduction of the rate of increase* that was going on before, even when the abolition has not been followed by a total cessation of the previous increase.

5.—The experience here put forward from England, India, France, Holland, Denmark, and Belgium confirms the following conclusions arrived at by the British "Army Sanitary Commission," which related to England and India alone.

Conclusion of the Report of the British "Army Sanitary Commission" as to the advisability of restoring the system of the Contagious Diseases Acts (*Réglementation*) in England or India.

"MEMORANDUM by the Army Sanitary Commission on the statistics of
"Venereal Disease among British and Native troops in India for
"for the year 1892.

* * * *

"When the rules were first promulgated, the Sanitary Department
"was sanguine that venereal diseases, which always occupied such a
"prominent place as a cause of sickness and invaliding among
"European soldiers in India, would be reduced to a mere fraction
"of what they had been, and even *after years of unsuccessful result*
"it was still hoped that with increased care and greater stringency the
"desired end might yet be attained. But there can be no question that
"the outcome was a failure.

* * * *

"Not only did these hospitals fail to effect a reduction in the ratio of
"venereal cases among European troops, but, as it happens, these diseases
"increased during the term of years in which they were in full operation.

* * * *

"The facts, so far as we can ascertain them, lead us to the conclusion
"that a compulsory lock hospital system in India had proved a failure,
"and that its re-institution cannot consequently be advocated on sanitary
"grounds. In stating this conclusion, we may add that we are merely
"repeating the opinions which the Army Sanitary Commission have
"uniformly held, that venereal diseases in the army of India could not be
"repressed by such restrictive measures, and in support of this statement
"we may refer to the memoranda on the Indian Sanitary Reports, which
"have issued from this Office for many years. We believe that the best
"practicable means of diminishing the prevalence of these diseases is to be
"found in establishing a system of voluntary lock hospitals, and in pro-

“riding the soldier, as far as possible, with healthy occupation and recreation.

* * * *

“Commanding officers should also be urged to encourage in every way all forms of athletic amusement, as physical fatigue acts as a deterrent to sexual indulgence.

* * * *

“We may remark that statistical returns from the Army Medical Department, showing the amount of venereal disease in the Army at home during the period when the Contagious Diseases Acts were in force as compared with the period since their abolition, do not show that any more favourable results obtained during the time the Acts were in operation.

* * * *

“As a matter of fact, the ratio of admissions per 1000 has decreased since the Acts have been abolished.”

“War Office, 25th January, 1894.

Such is the Report of the Army Sanitary Commission in 1894, after nearly a quarter of a century of the Acts. The Royal Commission in 1870 (twenty-two years previously) reported: “There is no distinct evidence that any diminution of disease among the men of the Army or Navy, which may have taken place, is attributable to a diminution of disease contingent upon the system of periodical examinations amongst the women with whom they had consorted.”—Report, Sec. 37, and it added, Sec. 66: “We recommend that the periodical examination of the public women be discontinued.” But they were not discontinued, and these two reports, issued by such totally different commissions, show that the system has been a sanitary failure from first to last.

Influence of Réglementation—the C. D. Acts—upon the Health of the “Registered” Prostitutes.

This is an important consideration when estimating the sanitary influence of réglementation. I have not been able to obtain official information upon the subject from any Continental sources; but in England the House of Commons published a report every year of the numbers and condition of health, and of behaviour, &c., of the prostitutes registered under the Contagious Diseases Acts, which was laid before the House by Captain Harris, the official head of the police employed in carrying out the Acts. His returns showed that for a period of six years there was a *rise* in venereal diseases among the women from 121·6 % to 143·5 %; which was followed by a *fall* for three years from 143·5 % to 136·5 %; and, after that, by a *rise* for six years from 136·5 % to 169·5 %. At the end of the recorded period of fifteen years, disease had risen from 121·6 per 100 prostitutes—its amount at the date of the passing of the Acts—to 169·5 per 100 women in the last year published by the Government. It is not surprising that disease should have failed to lessen among the men when there was such an increase in its amount among the registered women. Réglementation (the Acts) certainly did not prove a sanitary benefit to the registered prostitutes.

APPENDIX A.

Influence under which the great Improvement in the British Army took place previous to the introduction of the C.D. Acts of 1866 (see Diagrams I and II); and the worthlessness of the comparison between the two sets of stations in the British Home Army, so strongly dwelt upon by Dr. Commenge in his Address (pp. 12-14) as proving the sanitary value of the Acts.

The diseased and demoralized condition of the British Army having become a grave scandal, the late Lord Herbert, when Secretary for War, appointed a Commission to enquire what could be done to raise its character and improve its health: and this Commission reported in favour of a number of most important and valuable sanitary, moral, intellectual, and social improvements, which began to be carried out in 1860, when the yearly records of the Health of the Army also began to be published.

There are about 130 stations (more or less) in the British Home Army, ranging from large camps of 12,000 men or upwards—as at Aldershot—to small country places not having above 50 men, or possibly fewer still. Of these 130 stations, the Medical-Director-General of the Army at the time “selected” 14 to be put under the Acts, and he “selected” another 14 for *the purpose of comparison* which were *not* put under them; and the remaining 100 stations (more or less) he left entirely out of the comparison, though they embraced about 20,000 men, and such large and important towns as Birmingham, Leeds, Newcastle, Nottingham, York, and others.

“*As different conditions attach to residence in camps and in towns,*” the Army was divided in 1860,* for sanitary purposes, into the following “groups,” viz.—Seaports, Dockyards, Camps, Manufacturing Towns, London and Windsor, Dublin, Depot Battalions, “Remaining” Stations. And all the beneficial agencies urged by Lord Herbert’s Commission were applied with great earnestness and speed to the *seaports*, the *dockyards*, and the *camps*; and with such good results that *before* the Act was passed in 1866, venereal disease had fallen by 38 per cent. in the “seaports,” by 29 per cent. in the “dockyards,” and by 28 per cent. in the “camps.” On the other hand, London, Dublin, and the Manufacturing Towns were supplied with them slowly and imperfectly, with the result that London *increased* in disease, Dublin was the worst station throughout, and the “Manufacturing Towns” only improved by 21 per cent. instead of 28, 29, and 38 per cent.*

Utterly worthless manner in which the Two Sets of Fourteen Stations were “Selected” for Comparison out of the 130 Army Stations.

At this period the Act of 1866 was passed, and the *whole* of the camps, the *whole* of the seaports, and a *majority* of the dockyards, which had all improved so largely already, were put *under* the Acts.

* Collected from the Army Reports yearly from 1860 to 1866.

The number of 14 was filled up by four or five from the "remaining" stations, and the beneficial agencies already at work were pushed on in the "protected" group with still greater energy. (Evidence Select Committee, House of Commons, 1881. Questions 2854-8 and 2971-5.)

For the "unprotected" stations, on the other hand, Dublin (the worst station throughout) London, which had fallen off instead of improving, and the four large manufacturing towns, Manchester, Preston, Sheffield, and Belfast, which had already shown their largely diseased and comparatively unimproving character, were "selected"; one dockyard was added, and the number of 14 was filled up from the "remaining" stations; and this collection of the six worst stations, of one improving one, and of seven others of no specially marked character, was left poorly supplied with those improvements which had previously worked such benefit in the stations to which they had been liberally furnished (Ev. Sel. Com., H. of Com., as above).

IMPORTANT IMPROVEMENTS (LORD HERBERT'S),
Introduced into the 14 Stations ultimately subjected.

1860—1866 before the Acts	35
1867—1878 after the Acts	48
	—
Total	83
	==

Introduced into the 14 "selected" Stations never under the Acts.

1860—1866	20
1867—1878	28
	—
Total	48
	==

The bad stations "selected" for comparison were supplied with barely half the improvements supplied to the 14 good stations, also "selected," to show the benefits alleged to have resulted from the Acts, and the Acts *alone*.

(Taken from the Army Reports year by year, and given in evidence by Dr. Nevins, before the Select Committee of the House of Commons in 1881. See Questions and Answers above.)

It would be difficult to devise a method better adapted for producing a misleading comparison by throwing every advantage into the scale in favour of the Acts on one side, and every disadvantage into the scale of the stations without them on the other. *And these two "selected" sets of stations were then put forward in the Army Reports as representing* the beneficial sanitary result of the Acts, and the Acts alone, by comparing the amount of Primary Venereal Sores in the bad, neglected set with that in the other highly favoured set.*

Not only was this worthless comparison put forward and constantly dwelt upon by the Army Reports and the advocates of the Acts; but in the Address from Dr. Balfour to the Belgian Academy of Medicine in 1886—upon which Dr. Commenge lays so much stress in pp. 12-14 of his own address—a still further fallacy was introduced, which is inexplicable in a responsible statistician like Dr. Balfour. The Army

* Army Report, 1873, p. 13.

Reports, of which he was the statistical head, stated year by year from 1874 to 1879, that the statistics for those years were unreliable, and that the great apparent reduction in the amount of disease was due to the soldiers concealing their diseases in order to escape the loss of pay while they were in hospital for venereal diseases. This penalty was removed at the end of 1879, and the men then reported themselves as usual to the regimental doctors; and the result was seen in the sudden rise of disease in 1880, as shown in the charts. Now, not only did Dr. Balfour endorse the composition of the two sets of stations as constituting two bodies fitted for a scientific comparison, but in his address he actually employed the statistics of these seven years which he had himself year after year declared to be worthless, in order to obtain the "50 per 1000" from 1870 to 1882 which he puts forward with laudation as being the beneficial result of the Acts in the 14 stations under their influence.*

Unquestionably the 14 stations *under* the Acts had far less Primary Venereal Sores than the "selected" fourteen stations *not* under them; but until 1873 the Army Reports never alluded to the other 100 stations which were also *not* under the Acts, or informed either Parliament or the public as to their health condition. In that year, however, an unobtrusive notice of a few lines said that of these 100 *non-subjected* stations "so many" had *no* cases of Venereal Disease at all and that the *whole* of the *non-subjected* stations had "so much" less disease than the 14 stations "selected" for comparison; and a similar notice was afterwards published year by year in the Army Reports until the Acts were suspended in 1883.

New and Complete Comparison in 1885.

In 1885 the House of Commons ordered a return from the War Office of the ratios of primary sores for every year from 1860 to 1884 in these 100 previously discarded stations, which have had an average strength of about 20,000 men, and the return shows the following results† :—

Primary Venereal Sores in the 14 Stations under the Acts, the 100 Rejected Stations not under them, and the 14 "Selected" Stations not under them.

14 Stations <i>under</i> Acts during the whole period of the Acts, average ratio	70 per 1000
100 Stations <i>not</i> under Acts, previously discarded from comparison, during the whole period of the Acts, average ratio	74 "
14 Stations <i>not</i> under Acts, always "Selected" for comparison, during the whole period of the Acts, average ratio	136 "

The 100 Stations *not* under the Acts, but hitherto discarded from the comparison, had a barely higher ratio of disease than the Stations *under* the alleged protection of the Acts, and have had little more than half the amount present in the 14 specially bad stations always "selected" for comparison to show the remarkable sanitary benefit alleged to be derived from the Acts.

* Commenge's Address, page 13, par. 3.

† Parliamentary Paper 825, 1885.

APPENDIX B.

"The results of the suppression of the C. D. Acts have been disastrous, in the sense that Syphilis has developed in a frightful manner (Commenge's Address, p. 6), . . . and there is an enormous danger not only to the Army but also to the civil population in which Syphilis must necessarily extend, from the return of diseased soldiers to their own homes" (Commenge, p. 8).

Such is the alarming prediction as to the future of the general community to result from the Repeal of the Contagious Diseases Acts, which is put forward by Dr. Commenge with the most unreserved confidence. He brings forward no evidence to support his prophesy, but he has, no doubt, a considerable amount of support from the popular language of military and naval men, the daily press, and also the medical press, which appear to entertain the same fears, and express them in similar strong and confident general terms.

The assertion is one of such national importance, if it is really correct, that it appeared to me to be an imperative duty to ascertain whether it is true or false, if it should be possible to do so. But the difficulty of arriving at an answer which should carry conviction to thoughtful earnest men has been almost insuperable, from the absence of official authoritative information on the subject. The Registrar General gives the returns of deaths from Syphilis for England as a whole, and for London separately, but not for any other individual towns, and his returns give no clue whatever to the amount of disease of this nature as distinguished from deaths.

The practical question therefore was how to obtain the mortality from Hereditary Syphilitic Diseases in the large towns as distinguished from London, and also how to obtain the amount of disease of this nature as distinguished from deaths throughout the whole community.

With this object in view, a circular was addressed to Medical Officers of Health from Aberdeen to Exeter, and from Chatham and Sheerness to Dublin and Cork, and to the 16 towns formerly under the C.D. Acts, asking them for their returns of death from syphilis under 5 years of age (which would show the hereditary mortality) and at all ages, which would include the whole population. The period embraced was the years since the repeal of the Acts in 1886, and an equal period previously while the Acts were in operation. Forty-eight Medical Officers of Health have sent their Reports, and the result will be given later on in this Appendix. They show the mortality from hereditary syphilis for 8 *years while the Acts were in force, and 8 *years since their abolition.

In order to judge of the amount of syphilitic disease throughout the community at the present time, after many years of abolition, and to compare it with the amount 20 years since, while the Acts were in

* In 4 of the Reports the records had not been kept for the full 8 years previous to the repeal of the Acts, and 1895 is only recorded in a single instance.

force, I sent a circular to every Hospital and Dispensary throughout the three kingdoms, asking for a copy of their most recent Hospital Report, and, if they could be conveniently given, of Reports for 2 or 3 years, which would yield a more reliable average than a single year could give. About 750 of these requests were sent out. Some Hospitals replied that they gave no tables of disease in their Reports, and others sent Reports for two or three or more years, which amount altogether to about 800 Reports.

It has been impossible in the time at my disposal to examine and tabulate all these Reports as yet, and I can only venture upon a guarded general expression of their results as being favourable to Abolition, from the two or three hundred that I have examined carefully. But one important exception has been made. Every Children's Hospital in the three kingdoms was written to, and I have received Reports from above 20 of them, which give returns embracing above 197,000 children. The result will be shown farther on. In 1875, I made a similar enquiry, and received above 700 Reports, and Returns from Children's Hospitals, showing the hereditary disease among 166,000 children admitted into them, and these results I laid before the Select Committee of the House of Commons when under Examination in 1879-81.

The above Reports relate to the sections of the community which go to hospitals for advice—the lower-middle, and the artizan and labouring, but not the pauper classes; but they really number millions, and the experience is therefore a large one. These returns are, however, unpublished, and do not claim governmental authority. But there is another section of the community for which authoritative and official reports are published, and laid before parliament every year, viz., the 50,000 young men who, on an average, are enlisted in the army every year. They come from a class of society and at an age little inclined to self-restraint, and often with unfavourable surroundings, which render them peculiarly liable to the class of diseases under consideration. Every recruit, before being finally enrolled, is carefully examined by an army surgeon, and frequently (before that) by a civil surgeon also, and if he suffers in the slightest degree from disease of this kind he is rejected, and the number and causes of rejection are published yearly in the Army Reports. The results of the Abolition of the Acts upon this class also, spread throughout the whole nation, will be given later on.

It is well, before attempting to give the general results of all the above enquiries, to state distinctly that the result cannot possibly be exact. From the nature of the case it can only approximate to accuracy. For example, one medical man, if in doubt as to the direct cause of death, may certify "general debility or marasmus," while another, if strongly impressed by the theory which has prevailed in the medical profession for many years, might certify "secondary syphilis," or "secondary marasmus." So also in the hospital returns, one recording medical officer will place the disease of a child's eye under a simple general heading, while another will register it as "constitutional," or "congenital," or "secondary corneitis," &c.

But although allowance, and possibly a considerable one, must be made for these sources of inaccuracy, they will frequently balance one another, owing to the multitude of medical men from whom the reports come, who will not all err in the same direction. And it will be for the thoughtful reader to consider whether the evidence is so overwhelmingly for or against the abolition of the Acts as to leave no doubt upon his mind as to what his verdict will be, or whether it will leave him uncertain and not able to pronounce a verdict at all.

Another important consideration must be borne in mind when endeavouring to estimate the weight which the following summary may legitimately claim for or against the abolition of the C.D. Acts. During recent periods sanitary improvements have been widely extended among the population generally, in their homes and education, their food and water supply, their clothing and, in short, their general environments, to say nothing of the improvement in medicinal treatment; and it would be a strange thing if these influences had produced no reduction of deaths and of diseases due to inherited as well as to other causes.

He would indeed be a very bold partizan in the controversy who should claim the large reduction of deaths and disease, to be shortly noticed, as having been brought about by the *sole* influence of the abolition of the Acts during the last 10 years. But when we find from the Registrar General's Reports that, as a matter of fact, syphilitic *deaths* have fallen about one-eighth (13 per cent.) in the entire community, and we find from a totally different, but still an official source (Medical Officers of Health Reports) that they have fallen one-fifth (20 per cent.) among children, and from official sources also that diseases have fallen by above one-half among the 50,000 army recruits; and when we learn from Hospital Reports that inherited syphilitic diseases have fallen by above one-third among 180,000 children since the repeal of the Acts, we may confidently challenge the advocates of the system to produce their Official and Hospital figures, and from them or from equally unbiassed witnesses prove their assertions, that "the result of the suppression of the system of Réglementation (the C.D. Acts) *has been* disastrous in a frightful manner, and *is* an enormous danger to the civil population, in which syphilis must necessarily extend." (Commengé's Address, page 8.)

Without claiming that the reduction of disease in the army, and of deaths and disease in the community has been produced solely, or even, we may grant, principally by the abolition of the system, we may boldly call upon the advocates of the system to show what sanitary benefit they can prove to have been produced by it while it was in force, and what sanitary evils they can prove to have resulted from its abolition.

But we may now sum up the foregoing evidence and leave the verdict to the judgment of the readers.

SUMMARY

of the sanitary condition since the abolition of the C.D. Acts.

DEATHS FROM SYPHILIS AT ALL AGES. (Reg. Gen. Returns.)

England—7 years before the C.D. Acts ...	68	per million population.
16 „ during „ ...	84	„ „
10 „ since their abolition.....	73	„ „
London—7 „ before Acts	119	„ „
16 „ during „	132	„ „
10 „ since their abolition.....	114	„ „

Deaths from HEREDITARY Syphilis. (Med. Off. Health Ret.)
All England.

Average of equal periods—generally 8 years during Acts and 8 years since their abolition—

Throughout the country.	}	During Acts	107·2	} per million
Above eight millions of population recorded.		Since their abolition...	85·8	

VENEREAL OR SYPHILITIC DISEASE, AS DISTINGUISHED FROM DEATHS.

Army recruits (average 50,000 yearly) rejected for some form of venereal disease—

Last 5 years of the Acts in force	11·1	per 1000 recruits.
Last 5 years of abolition of Acts, only	5·46	„

Children's Hospitals (average 180,000 children). Average proportion of children recorded as suffering from some hereditary form of syphilitic disease—

1875, Acts in force.....	1 child in every 71	(1·4 per cent.)
1895, Acts abol. for 10 yrs. 1	„	124 (0·81 „

The above results must speak for themselves as to whether abolition of the Acts *has* been followed by the “frightful increase of syphilitic disease in the civil community” prophesied by Dr. Commenge, or whether, on the other hand, it has been followed by unmistakeable sanitary improvement.

SEQUELÆ OF THE ABOLITION OF THE C.D. ACTS IN THE STATIONS
FORMERLY UNDER THEM, SO FAR AS THEY CAN BE ASCERTAINED
FROM THE RETURNS FROM THE MEDICAL
OFFICERS OF HEALTH.

Plymouth is worse by 1 additional infantile death in 100,000 population.

Southampton „	1	„	200,000	„
Portsmouth „	1	„	117,600	„

Maidstone has one death fewer in 340,000 population.

Population in 1891. 32,145.

Chatham has not kept any record of the deaths, as "deaths from syphilis have always been entered under the heading of 'all other diseases.'"

Sheerness.—"No record of deaths from syphilis. Disease almost unknown here."

Cork.—"No record of the deaths from syphilis. Of this I am, however, satisfied, that during the period specified they have been very few and far between."

Winchester and Dover have no record of deaths from syphilis.

Windsor.—"The number of deaths *attributed* to syphilis is so small (*e.g.*, there has not been one so registered in Windsor this year) and bears so uncertain a proportion to the deaths really due to that cause, that I have not thought it worth while to tabulate them separately."

Woolwich.—No returns, because "no medical officer for Woolwich previous to 1889."

No information has been received [from Aldershot, Colchester, Shorncliffe, or the Curragh—the four great camps—or from Canterbury. It has been applied for more than once, and its absence is to be regretted.



